



*The*  
**HANOVER THEATRE**  
*for the Performing Arts*

**Student Critic Program**  
2016-2017 Season  
APPLICATION

***In order to be considered for this program, Students and Parents should go over the entire application and mail or deliver to the following address by **October 3, 2016:*****

*The Hanover Theatre  
2 Southbridge Street  
Worcester, MA 01608-2014  
Attn: Kelly Rourke*

**Student Information:**

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_ Male / Female

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_ Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Student Email Address: \_\_\_\_\_

School: \_\_\_\_\_ Grade Entering in Fall 2016: \_\_\_\_\_

**Parent/Guardian Information:**

Parent(s) or Guardian(s) Name(s): \_\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Parent Email Address: \_\_\_\_\_

Address (if different from student): \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_ Zip: \_\_\_\_\_

Who should be contacted in case of an emergency?

Primary Contact Name: \_\_\_\_\_ Contact Number: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Secondary Contact Name: \_\_\_\_\_ Contact Number: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Have you ever attended a Broadway Production before? No-Never Yes- Once Yes- Frequently

---

Office Use Only:







*The*  
**HANOVER THEATRE**

*for the Performing Arts*

**Student Critic Program**

2016-2017 Season

APPLICATION

**\*\*\*TEACHER/EDUCATOR SPONSOR\*\*\***

**Please read carefully and sign below.**

By signing this form, I am agreeing to act as the sponsor and educator for a student participating in the Student Critic Program at The Hanover Theatre. I understand that this student will turn to me for guidance during this writing program and will require me to edit their material before it is submitted to the theatre. I am aware that students who miss a performance or do not submit their review in a timely fashion will be removed from the program and replaced with an alternate.

Edits to their material must be done between Monday and Wednesday following the performance dates below in order for the student to submit their review on time. Final versions of the review are due by 5pm on the Wednesday following each performance.

October 15: Rodgers and Hammerstein's Cinderella

December 3: Kinky Boots

December 17: A Christmas Carol

February 4: Once the Musical

April 1: Pippin

Student's Name: \_\_\_\_\_

Student's School: \_\_\_\_\_

Sponsor's Name (printed): \_\_\_\_\_

School: \_\_\_\_\_

Position: \_\_\_\_\_

Email: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Sponsor's Signature: \_\_\_\_\_

*Questions?*

Please contact Kelly Rourke, Education Assistant, at 508-471-1765 or [krourke@thehanovertheatre.org](mailto:krourke@thehanovertheatre.org)

*The*  
**HANOVER THEATRE**

*for the Performing Arts*

**Student Critic Program**

2016-2017 Season

APPLICATION

**\*\*\*PHOTOGRAPHY & VIDEO PERMISSION\*\*\***

**Please read carefully and sign below.**

I hereby authorize for my child (child's name- please print) \_\_\_\_\_  
to participate in The Hanover Theatre (THT) Student Critic Program. I further authorize that any pictures, videos or other recordings THT may make or authorize to be made of these activities may be used in promotional or marketing literature, articles, websites or videos associated with THT without compensation to my child or me.

I understand that my child may be dismissed permanently from the program if s/he does not follow the rules set by THT and/or if a disciplinary problem arises. I understand that my child will be under the supervision of THT staff and appointees. I understand that despite the responsible supervision that THT will provide, THT cannot guarantee against the possibility of an accident involving my child. I hereby waive any claim that might be made against THT, its employees, and its agents in connection with any injury my child may incur, other than a claim resulting from the gross negligence of THT, its employees, or its agents.

In the event that my child becomes injured or ill during the program, I authorize staff to seek emergency care as needed. In signing below, I certify that my child is covered by health insurance and this information will be provided to THT if necessary.

Parent's Name (printed): \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Questions?*

*Please contact Kelly Rourke, Education Assistant, at 508-471-1765 or [krourke@thehanovertheatre.org](mailto:krourke@thehanovertheatre.org)*

*The*  
**HANOVER THEATRE**

*for the Performing Arts*

**Student Critic Program**

2016-2017 Season

APPLICATION

\*\*\*AGREEMENT\*\*\*

**Schedule:**

**Selected students will be expected to arrive at the theatre one hour prior to and remain at the theatre 45 minutes following each of these scheduled performances:**

Saturday, October 15, 2016 at 2pm  
Saturday, December 3, 2016 at 2pm  
Saturday, December 17, 2016 at 2pm  
Saturday, February 4, 2017 at 2pm  
Saturday, April 1, 2017 at 2pm

Rodgers and Hammerstein's Cinderella  
Kinky Boots  
A Christmas Carol  
Once the Musical  
Pippin

The following is expected of both students and parents. PLEASE READ CAREFULLY

- Students are expected to arrive and depart on time. Drop-off should occur no earlier than 12:45pm and pick-up will depend on the length of each show. Post-Show sessions will run approximately 45 minutes following each 2-3 hour production.
- Students are expected to bring a writing utensil and pad of paper to each workshop.
- Students must submit a draft of the review to their Teacher/Educator Sponsor for editing by Monday following each performance.
- Submit the revised review to The Hanover Theatre via email by Wednesday at 5pm following each performance to:  
Kelly Rourke, Education Assistant at [krourke@thehanovertheatre.org](mailto:krourke@thehanovertheatre.org)
- Due to the high demand for this program, students who miss a performance or fail to submit a review in a timely fashion will be replaced with an alternate student for the remainder of the program.

*By signing below, student/parent verifies that he/she has read all the information above and agrees to comply by the terms set. These signatures also verify that all information in this application is true and accurate.*

Student Name (PRINT): \_\_\_\_\_

Student Signature: \_\_\_\_\_

Parent Name (PRINT): \_\_\_\_\_

Parent Signature: \_\_\_\_\_



*The*  
**HANOVER THEATRE**

*for the Performing Arts*

**Student Critic Program**  
2016-2017 Season

Did you remember to include your...

- Essay?
- Copy of your high school transcript?
- List of extra-curricular activities?
- Letter of Recommendation?
- Sponsor form?
- Photo & Video Permission form?
- Student/Parent Agreement

***Applications must be mailed, faxed, or delivered to the following address no later than:***

***Monday, October 3, 2016***

The Hanover Theatre  
2 Southbridge Street  
Worcester, MA 01608-2014  
Attn: Kelly Rourke

*Students will be notified of their acceptance via email by 5pm Friday, October 7, 2016.*