Dear MVHS Students & Parents,

It's time to get excited for the 2024 Illinois High School Theatre Fest! IHSTF, the largest and oldest non-competitive high school theatre festival in the world, is a fun and engaging opportunity for students to see fantastic shows, participate in skill building workshops, network with students from other high schools, tryout for the ALLFEST Improv Team, audition for collegiate scholarships, compete in Tech Olympics, and bond with fellow classmates.

This year's Festival is located at the **Illinois State University** and includes an exciting schedule of activities.
Students will leave mid-afternoon on **Thursday, January 11th and will return Saturday, January 13th.**

Students interested in attending Theatre Fest must fill out the attached forms and turn in their payment on the following dates:

Friday, Sept. 15th - Preferred Due Date (Junior - Senior students who turn in forms & money by this date receive priority.)

Friday, Sept. 22nd - Final day for Sophomore, Juniors, and Seniors to submit preferred status forms & money!

Friday, Sept. 29th - Freshman may begin turning in forms & money if space is available.

Friday, Oct. 6th - ALL FORMS AND \$ DUE! We can only register those students who have turned in all completed forms and money. *See Mrs. Walker or Ms. Wojtasik with any questions.*

WE CAN ONLY TAKE THE FIRST 36 STUDENTS TO SUBMIT FORMS/MONEY, SO PLEASE BE TIMELY. ALL FORMS AND MONEY CAN BE TURNED IN TO MRS. WALKER OF MR. WOJTASIK IN E220. PLEASE NOTE THAT DRAMA CLUB CAN NOT ISSUE REFUNDS FOR THEATREFEST.

Please submit the field trip fee of \$180 or connect with Wolski about a payment plan by SEPTEMBER 15TH. Use PushCoin or make checks out to Metea Valley Drama Club, and please be sure to include student ID and phone number on your check. We will be registering all paid participants the first week of October. All registrations are final. The total cost covers the festival fee, hotel rooms, transportation, and breakfast. The cost does not include other meals and miscellaneous items; therefore, it is essential that each student bring additional spending money with them.

Hotel Information: Quality Inn & Suites 1707 W Market Street, Bloomington, IL, 61701 United States (309) 829-6292



THURSDAY, JANUARY 11TH (tentative / subject to change)

1:30 pm - Meet by the main office of Metea.

2:00 pm - Leave Metea by bus.

4:30 pm - Check in at hotel and Fest registration (possible College/University Auditionees' Meeting - time TBA)

5:30ish - Dinner

7 to 11 pm - Opening Celebration, Group Meeting, Get Show Tickets

11:00 pm - Lights Out

FRIDAY, JANUARY 12TH

Morning

8:00 am - Breakfast, Auditions for College/University Admission & Scholarships, Workshops, Showcases, Full-lengths

Afternoon

Lunch, Workshops, Showcases, Full-lengths continue.

Evening

Dinner on your own All State Performance (tentative, exact time TBA)

SATURDAY, JANUARY 13TH

Morning

8:00 am - Breakfast; Check out of hotel; Workshops, Showcases, Full-lengths continue.

Afternoon

4 pm - Planned arrival back at Metea

SENIORS: For more information about college/university auditions, check www.illinoistheatrefest.org.

PLEASE FILL OUT & RETURN ALL FORMS!!

Please email your ITS/Drama Club sponsors with any additional questions. We hope you can join this year's trip!

Mrs. Wojtasik (sara_wojtasik@ipsd.org
Mr. Wolski (matthew_wolski@ipsd.org)





2024 Theatre Fest Field Trip Parent Consent Form 🚅

Name of Student:	
ID: Student Cell P	Phone:
Student Email: Par	ent Email:
Date of Trip: <u>1/11/24 - 1/13/24</u>	
Destination: Illinois High School Theatre Festival	
Purpose of Trip: Illinois High School Theatre Festi	<u>val</u>
Class/Group Making Trip: Drama Club	
Staff Members who will be in charge: Sara Wojtas	ik, Matt Wolski, Chaperone TBA
Time of Departure from MVHS: 2 pm 1/11/24	
Time of Return to MVHS: 4 pm 1/13/24	
Type of Transportation: district bus	
Parent Contact Number during Trip:	
The above named student has my permission	to make the trip described above.
Signature of parent/guardian:	
Daytime Phone Number:	
 Theatre Fest Expectations Students will adhere to the Metea Valley St All school rules and policies are in effect wh Students will follow procedures for regularly 	nile on the field trip.
STUDENT SIGNATURE:	DATE:

MVHS Field Trip Permission Slip

Name:	State University		
 ID#:	Date of Trip: 1/11/2024 -	1/13/2024	
Teacher: Sara Wojtasik & Matt Wolski	Leave Time: 2:00 PM	Return Time: 4:00 PM	
Student cost:\$180			
 The student is responsible for info the Field Trip and completing any 		Trip absence before they leave for of the individual teacher	
Parent/Guardian Signature:	Emergency Phone	e#:	
Si	tudent Make-Up Policy		
It is the student's responsibility to <i>inform</i> the complete all class work, homework, and one to modify their make-up policies to meet induring the field trip will be due at a time in students were given to complete the assign or restricted because of participation in field	uizzes/test missed while on a field to individual needs of students and circ dicated by the teacher, taking into a gnment. Participation in co-curricula	rip. Teachers have the discretion umstances. Assignments made count the amount of time other	
Students should arrange with teachers the before the field trip, the student should be may be required to take quizzes/tests before activities (e.g., school activities, athletics, sign below indicating their understanding field trips including specific teacher expec	prepared to take the test/quiz upon ore or after school even if this arrand employment, etc). Students attending of the Make-Up policy. All school rul	his/her return to school. Students gement conflicts with other ing the field trip are required to	
Student Signature	Date.		



High School Theatre Festival A8th Annual Illinois High School Theatre Festival January 11-13, 2024



Medical/Media Release Form

Each participant, including all adults, must complete a medical/media release form. Please type or print legibly. All forms and payment must be received before your school's registration is considered complete. Forms from previous years will not be accepted.				
Participant Information:				
Participant Name		Date of Birth	Age	
Home Address		City	Zip	
Home Phone		Participant Cell Phone		
Parent/Guardian First and Last Name		Parent/Guardian Cell Phone:		
School Information:				
School Name		School Address		
CityZip	School Phone	Fax		
Primary Sponsor		Sponsor Cell Phone		
Emergency Information:				
Contact #1: Name		Relationship		
Home Phone	_Cell Phone	Work Phone		
Contact #2: Name		Relationship		
Home Phone	_Cell Phone	Work Phone		
Medical Information:				
Do you have insurance? ☐Yes ☐No H	lealth Insurance Company			
Policy #				
Allergic to any medications?				
Signatures: Participant refers to the stu A). Parent, guardian, or next of kin mus parent, guardian, or next of kin's signed	dent, chaperone, or sponsor wh it sign on line B. Note: All studen	o is attending Festival (participar ts participating, even if over the		
 The undersigned participant (stude the Festival website at www.illinois The undersigned participant will ad Festival website at www.illinoisthed authorized individuals and used for media formats. The undersigned parepresentatives and/or Big Buzz Ide taken of me, or of anyone for whom publicity, illustration, advertising or the right to copyright, use and publ I agree to be responsible for the abincurred or caused by, and/or any p I acknowledge that in case of seriou a physician; I understand that no su any medical expenses are my finance I hereby release, acquit, and foreve its representatives, and employees, University, its Board of Trustees, en or judgments, whether in contract of connected to the attendee's partici (signature and date required for pa 	theatrefest.org. here to the Festival's Photo/Vide atrefest.org and in the Festival preducational, instructional, or pro riticipant hereby voluntarily and value and compartition of the festives, in I have legal responsibility, for an electronic web content. I further authorize ish the same in print or electronic ove named participant while traversonal injuries which may occur is injury, I hereby give my permiss ingical procedure will be performedial responsibility. In discharge the Illinois Theatre As Planning Committee Members, inployees, agents, and representate of in tort, for any injuries including	o & Social Media Best Practices Pogram. I acknowledge that photo motional purposes in any print, by without compensation grant pern, and employees, to use any photony lawful purpose, including for eather aforementioned entity(ies), cally for the purposes aforementieling to and from the Festival, including the above named participant significant for emergency medical treated without my permission and consistency, its Board of Directors, employees, agents, and representives, from any and all claims, cau	colicy as posted on the os/videos may be taken by broadcast and/or electronic mission to Illinois (ITA) its ographic/video image(s) example such purposes as its assigns and transferees, ioned. cluding any expenses it ment, as recommended by ensent; I understand that Big Buzz Idea Group, LLC, tatives, and Illinois State uses of actions, damages,	

Date

Date _

Signature of Parent, Guardian, or Next of Kin