



# NINETEENTH ANNUAL ariZoni THEATRE AWARDS BALLOT

2008-2009 Theatre Season

THEATRE: Type or print LEGIBLY in each space provided except for ratings.

PANELIST: Fill in rating blanks: 1-10; 1(low) 5(avg) 10(high). You may use fractions for scoring (out to two (2) decimal places). Adjudicate ONLY names and characters listed on the ballot. Do not write in additional names.

PRODUCING THEATRE: \_\_\_\_\_

PRODUCTION TITLE: \_\_\_\_\_

Category:      Contracted                  Non-Contracted                  Childrens

Adjudicated as:      Play                  Musical                  Orig.Play/Adaptation                  Orig.Musical/Revue

**RATING**

1. Award of Excellence for **BEST ORIGINAL SCRIPT** \_\_\_\_\_

**NAME OF PLAYWRIGHT** \_\_\_\_\_

2. Award of Excellence for **BEST ORIGINAL MUSIC COMPOSITION** \_\_\_\_\_

**NAME OF COMPOSER/LYRICIST** \_\_\_\_\_

3. Award of Excellence for **ACTRESS** in a major role (List Actor **AND** Character Names)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Award of Excellence for **ACTOR** in a major role (List Actor **AND** Character Names)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Award of Excellence for **ACTRESS** in a supporting role (List Actor **AND** Character Names)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*more on reverse*

6. Award of Excellence for **ACTOR** in a supporting role (List Actor **AND** Character Names)

_____	_____
_____	_____
_____	_____
_____	_____

7. Award of Excellence for **GUEST ACTOR** (if applicable)

(\*Note: Nominees should be listed for Guest Actor if they are an adult (over age 19) performing in a Children's production or an Equity actor performing in a Non-Contracted play or musical.)

NAME \_\_\_\_\_

8. Award of Excellence for **DIRECTING**

NAME \_\_\_\_\_

9. Award of Excellence for **MUSICAL DIRECTION**

NAME \_\_\_\_\_

10. Award of Excellence for **CHOREOGRAPHY**

NAME \_\_\_\_\_

11. Award of Excellence for **SCENIC DESIGN**

NAME \_\_\_\_\_

12. Award of Excellence for **COSTUME DESIGN**

NAME \_\_\_\_\_

13. Award of Excellence for **HAIR & MAKE-UP DESIGN**

NAME \_\_\_\_\_

14. Award of Excellence for **LIGHTING DESIGN**

NAME \_\_\_\_\_

15. Award of Excellence for **SOUND DESIGN**

NAME \_\_\_\_\_

**16. Award of Excellence as an OVERALL PRODUCTION** \_\_\_\_\_

**Panelist's Name** \_\_\_\_\_ **Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

PLEASE COMPLETE ENTIRE BALLOT IMMEDIATELY AND MAIL TO: ariZoni Theatre Awards of Excellence, Adjudicator Ballots c/o Aaron Ray, Independent Accountant 3687 E Meadow Creek Way, Queen Creek, Az 85240. Mark the return envelope with the name of the production, adjudicator name and the name of the producing theatre company.