

# IT'S SHOWTIME!

Pick a day, put on your dancing shoes, and join us . . .



22<sup>ND</sup> Annual

## SHOWCASE of STARS!

**Monday, June 24 ~ Sunday, June 30, 2019**

**You're Invited!** Idlewild invites area dance schools to participate in our 22nd annual "Showcase of Stars"—one of our most popular summer events! Call today to schedule your time to perform on our Hillside Theatre Stage.

**All Day FUN!** Before and after your performance, the park is yours to enjoy. This includes all of our exciting rides, attractions and SoakZone waterpark.

**We Make It Easy!** Great discounts are available when purchasing tickets as a group. Performing dancers pay just \$18.00 (with a pre-approved dancer list.) Tickets for family and friends are available on consignment at the following rates:

**Weekdays (Mon–Fri) . . . . . \$22.50/ea.**

**Weekends (Sat/Sun) . . . . . \$24.00/ea.**

Please see the enclosed Guidelines & Requirements for complete event details.

**Make It An Event!** Request a copy of our Group Planning Guide (available after the first of the year), listing ideas on how to make your day unique with one of our delicious catering options, fun money or special treat coupons. Whatever you plan, we'll make it easy for you!

**Call Today!** Stage time slots fill quickly, so please don't delay – contact our Group Sales Office at **724-238-6784** or **groups@idlewild.com** to reserve your day!

Sincerely,  
Idlewild & SoakZone

Jodi, Jeff, & Kathy  
Group Sales



## Guidelines & Ticket Order Form

# SHOWCASE OF STARS!



### WHERE AND WHEN:

- A. Idlewild's **Showcase of Stars** will be held Monday, June 24 through Sunday, June 30, 2019 on our Hillside Theatre Stage. Pavilion space is available for picnic use. Please note: Park gates open at 10:30 AM.
- B. Performance time slots are available from 11:00 AM to 6:00 PM. Time slots are reserved in one-hour increments, with last performance ending at 6:00 PM. Please be alert to your school's performance time and report promptly to the stage area. **Please keep in mind that set-up and removal of props, introducing performers, listing awards, etc. are included in your allotted time. You will not be permitted to go over your time slot.**  
*Special note: At Idlewild's discretion, performance times are subject to change and Idlewild reserves the right to make alternate arrangements, as necessary.*
- C. Approximate Stage Dimensions: 32 ft. wide by 12 ft. deep (depth performing area may vary.) Dressing/Changing areas will be provided near the Hillside Theatre Stage.

### ADMISSION GUIDELINES:

Idlewild's FunDay Pass includes unlimited use of all rides and attractions, including the SoakZone.

- A. Performing dancers pay just \$18.00 (with pre-approved list). Please mail, fax or email a list of performing dancers at least 3 days prior to your scheduled picnic date. Only performing dancers listed on the pre-approved dance list are eligible to receive the \$18.00 tickets.  
**fax number: 724-238-6544    email: [jmichaels@idlewild.com](mailto:jmichaels@idlewild.com)**
- B. Upon arrival, all performing dancers must check in at our Main Gate Office *prior* to driving through the Auto Gates, to receive their discount admission ticket. Ticket plus \$18.00 is collected at the Auto Gates. (No dancer will be admitted with the \$18.00 tickets after their scheduled performance time.)
- C. Discount tickets are available on consignment for family and friends at the following discount rates: **\$22.50 weekday** picnics and **\$24.00 weekend** picnics.  
Please note: Children 2 years of age and under are admitted free and do not need an advance ticket.
- D. Discount tickets must be purchased from the group leader and pre-distributed to family and friends before arriving at the park. It is suggested that you order a few extra tickets, as you may return any unsold tickets. **Discount Tickets are not available on picnic date.** Any tickets purchased on the day of the event will be at the regular WeekDay \$44.99\* and WeekEnd \$46.99\* (Ages 3-59), Senior Citizen \$32.99\* (Age 60+), Children 2 years and under are FREE. \*Plus \$1.00 amusement tax.
- F. Account settlement and return tickets can be processed at the Main Gate Office between 10:30 AM and 2:00 PM or at the Group Sales Office between 10:30 AM and 5:00 PM.

One group check made payable to *Idlewild* is preferred for payment.

**REQUIREMENTS:**

- A. \*\*\*All studio/school contacts are responsible for submitting to Idlewild, a copy of their “Certificate of Liability Insurance”, a completed “Waiver Release Form” for each performing dancer and a listing of your Music Selection. Insurance, waiver forms and music lists must be on file at Idlewild before scheduled performance date.
- B. ALL STUDIO/SCHOOLS MUST HAVE A REPRESENTATIVE PRESENT AT THE SOUND BOOTH AND MAIN STAGE AREA DURING THEIR SCHEDULED PERFORMANCE TIME.
- C. Please provide a cd, cassette tape, or ipod/mp3 of your music with a written order list. All cd’s and cassette tapes must be labeled. Please bring them to the sound booth located in front of the Hillside Theatre Stage, approximately 15 minutes prior to your school’s scheduled performance time. An Idlewild representative will be there to operate the sound system.
- D. Please use discretion when making your music selections. Radio edit versions are required. Idlewild reserves the right to cancel any performance deemed unsuitable for our family audience. Profanity (including swearing and racial slurs) of any kind is not permitted.
- E. In the event of inclement weather or unforeseen circumstances, Idlewild reserves the right to make alternate arrangements.

**AWARDS:**

- A. To show our appreciation, each dance studio/school will receive a personalized certificate of participation.

**If you have any questions, or if you would like to order your tickets by phone, please call our Group Sales Office at 724-238-6784.**



**Showcase of Stars - Ticket Order Form**

**Ticket Order Deadline: Friday, June 14, 2019**

Mail to:  
Showcase of Stars Family Day  
c/o Idlewild & SoakZone  
PO Box C  
Ligonier, PA 15658

Please send me: \_\_\_\_\_ **Weekday FunDay Passes @ \$22.50**

Please send me: \_\_\_\_\_ **Weekend FunDay Passes @ \$24.00**

*(Please print)*

CONTACT NAME: \_\_\_\_\_

DANCE STUDIO: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CONTACT PHONE# \_\_\_\_\_ WORK/STUDIO PHONE # \_\_\_\_\_

***\*REMINDER: YOU MUST MAKE YOUR RESERVATION BEFORE RETURNING THIS FORM.***



### **2019 Showcase of Stars Waiver Release**

Please fill out the form completely and make sure a parent or guardian signs it if participant is under the age of 18 years. Every participant must complete a Waiver Release form.

#### **Participant Information**

_____			_____	
Participant's Name			Organization Name	
_____			_____	
Home Address			Participant's Age	Date of Birth
_____			_____	
City	State	Zip	Parent's Daytime Phone Number	

#### **Medical Treatment, Authorization & Liability Release**

I, the undersigned participant, parent or guardian, do hereby grant permission for the above-named to attend Idlewild's Showcase of Stars event. I also authorize any necessary treatment by a qualified physician for myself or daughter/son, for any injuries I, she/he may sustain while at the event. In case of an emergency during the event, I would like them transported to the hospital for medical treatment and hold Idlewild and its representatives harmless in their execution of this authority.

I further release Idlewild and its parent organizations and representatives from any claims for injury or illness that may be sustained as a result of my or my child's participation in this event. I acknowledge and understand that in participating in the event, there is a possibility that I or my child may sustain illness or injury in connection with my/her/his participation, including injuries caused by the natural environment of Idlewild and the negligence of Idlewild employees and agents.

I understand and will be responsible for any medical bills that may be incurred on behalf of myself, daughter/son for physical illness or injury during the event. Idlewild reserves the right to send any participant to a hospital for diagnosis and treatment, with the parent/guardian assuming full responsibility.

I give Idlewild permission to film, photograph, or videotape myself/daughter/son or (advisor/coach/director) for any reproductions connected with Idlewild; in particular, reproduction for use in any form of advertisement for Idlewild promotional purposes. Idlewild may use such reproductions in any manner without further compensation to me or my daughter/son or (advisor/coach/director). I have read the above statement and agree to it in full.

\_\_\_\_\_  
Parent or Guardian Signature  
(required if under 18 yrs. of age)

\_\_\_\_\_  
Participant's Signature  
(if over the age of 18)

\_\_\_\_\_  
Home Phone Number

\_\_\_\_\_  
Emergency Contact Phone Number