



Actor/Tech Contract

Little Women

Spring 2023

Admin Use Only: _____ date

Production for this show is a 5 1/2 class. By participating in this production, all company members (cast & crew) will receive 2.5 class credits on a Pass/Fail basis.

Actor Information

Name _____ Grade 9 10 11 12

Email _____

Phone # (_____) _____ - _____

Parent/Guardian Name: _____

Parent/Guardian Email: _____

Actor, please initial next to each statement and sign. Parent/Guardian, please acknowledge what your child has agreed to by initialing next to their initials.

1. I agree to attend all rehearsals for which I am scheduled. _____

2. I agree to maintain consistent attendance at school in my other classes.
Missing excessive days WILL result in my removal from any performances. _____

3. I will remain at a rehearsal until it is completed or I am excused. _____

4. If I must miss rehearsal for any reason, I will personally contact my stage manager prior to the beginning of the rehearsal. _____

5. ACTOR ONLY: I agree to meet additional responsibilities, including but not limited: off-book deadlines, costume fittings, hair and make-up tests, etc. _____

TECH ONLY: I agree to meet all design & construction deadlines _____

6. I agree to support the other members of my company, be they cast or crew. _____

7. I understand that I am part of a team effort, so I must have a positive attitude, an open mind, and a willingness to work. _____

8. I understand this show requires collaboration and I agree to contribute my ideas and energy at appropriate times. _____

9. I understand that all rehearsals and and shows are a school function. I further understand that theatre is a collaborative art and my classmates depend on me. In addition, as an actor, I must stay clear-headed and focused in order to work safely. Thus, I will refrain from partaking of alcohol, tobacco, or drugs. _____

10. I understand that I am required to maintain a 2.0 GPA in my core classes to participate in this production and will submit a signed Blue Card to the Director weekly. If my GPA falls, I will be put on probation, and may be dropped from the production and 5 1/2 class. _____

DOCUMENTATION ACKNOWLEDEMENT (* - mandatory)

1.I have read, acknowledge, and understand the Costume Information & Safety Guidelines documents on the website* _____

2.I have completed the Student Photograph and Video Release* _____

Production Cost

To help offset the costs of this production, we are requesting for a \$100 tax-deductible donation from each student family.

Please make checks payable to MC Drama Boosters and indicate your student's name on the memo line.

You can pay by Venmo, @mchsheatre please be sure to list student last name.

___ I pledge my \$100 tax-deductible donation (please circle one) cash check Venmo

PLEASE RETURN THIS CONTRACT TO THE STAGE MANAGER

By signing this contract, students and parents agree to all dates and expectations

Student Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

Stacy Michelle Walker
Director, Theatre at the Mount
swalker@powayusd.com

Zoe Quintanilla
Stage Manager
stagemanagermchs@gmail.com



Student Photograph & Video Release 2022-2023

Admin Use Only: _____
initials date

At Theatre at the Mount, we document all productions. Not only does this provide material for student portfolios as they continue in their theatrical pursuits, it also archives our history as a performing arts company, and is an essential part of our culture. Additionally, photos of the process and production are available for purchase through our merchandise department.

Theatre at the Mount Archive & Memorabilia

I understand that by participating in Theatre at the Mount, my child will be photographed and videotaped as part of the archive process. I give permission for these images of my child to appear in Theatre at the Mount Archive and Memorabilia materials.

I withhold permission for images of my child to appear in archive and memorabilia materials.

Theatre at the Mount Website Photos & Video

Yes, you have my permission to use my child’s photo and/or video of my child on the school’s website

No, do not use my child’s photo and/or video of my child on the school’s website

Community Awareness/Public Relations Photos and Video

As we participate in our community, we sometimes have opportunities to provide photos and/ or video of our students. Photos and/or video may be used in the newspapers, school promo- tions, in school brochures and fliers, or otherwise published. Safety is always paramount, and staff checks all content before it is published.

Yes, you have my permission to use my child’s photo and/or video of my child in connection with public relations materials.

No, do not use my child’s photo or video in public relations materials.

Child/Children’s Name (please print): _____

Parent/Guardian Signature: _____

Email: _____ **Phone Number:** _____