

This contract is due to Ms. Bowen by Friday, November 17.

Actor Contract

As a member of the cast, I agree to attend all rehearsals for which I am scheduled. I have checked the rehearsal calendar carefully with my parents and understand the tremendous commitment of time and energy I will have to sacrifice in order to do well. Furthermore, I will remain at rehearsals until the rehearsal is completed or I am excused. If I must miss a rehearsal for any reason, I will personally contact the Director prior to the beginning of the rehearsal by emailing abowen@portageps.org. **If I miss a rehearsal and do not contact the Director, I understand that my lack of consideration is enough for me to be dismissed from the show entirely. Missing a dress rehearsal or performance will NOT be tolerated. If you must miss a performance, your continued participation is at the discretion of the director.**

I agree to assist with the production of the show in any capacity. For instance, I agree to assist with the strike of the set after the show is over. I agree to meet “off-book” deadlines by having lines, music, and choreography memorized. I understand that I will be personally responsible for the care of my costume. Also, I understand that I am only to touch props that I am told to and that I will not pick up any other actor’s props. Because I understand that I am part of a team effort, I must have a positive attitude, even on days when I have many reasons to not be open minded and willing to work. I understand this show requires collaboration, and I agree to contribute my ideas and energy at appropriate times. I agree to do all that I can to make rehearsals the best they can be. I understand that during rehearsals I am to remain quiet until my part begins on stage. **If I cause problems by disrupting the cast or the Directors during rehearsal, I understand that I may lose my role in the show.** I understand that all rehearsals and shows are at school; thus, all school policies described in the student handbook will be strictly enforced. If I violate school policy, I understand that my continued participation in the show is at the discretion of the director.

I have read and, furthermore, understand the conditions above and agree to abide by them.

Student Name (please print)

Student Signature

Date

Parent or Guardian Signature

Date

Home Phone Number

Work Phone Number

Parent Email Address