

ROCHESTER COMMUNITY SCHOOLS - THEATRE DEPARTMENT
PAY TO PARTICIPATE CONTRACT – 2016-2017
HIGH SCHOOL

(Please Print)

Name of Student _____ Student ID _____

Address _____ City _____ Zip _____

School _____ Grade _____ Home Phone No. _____

Parents/Guardians _____ Day Phone _____

I have reviewed the Rochester Community Schools' "Pay to Participate Program" and understand that the fee paid does not guarantee a lead role in the production, control over any conditions of the production or aspects of the production. I also understand that paying the fee does not in any way alter the Rochester Board of Education Student Policies, the District Student Code of Conduct, (which I have read).

A deadline date for the Pay to Participate Fee will be announced to students the 1st day of practice/tryouts by the general director. The student actor may not rehearse or participate until the fee is paid. Failure to pay or arranged deadline will result in the actor's part being recast.

There will be no refunds of the participation fee once the student has accepted their role in the production.

An actor will not be allowed to participate unless all signatures are affixed and the fee has been paid.

\$100.00 Musical **Name of Production:** _____

\$ 50.00 Play/One Act **Name of Production:** _____

**Make checks payable to "Rochester Community Schools". No credit cards will be accepted.
Checks and contracts are to be turned into the Theatre Director.**

Student's Signature Date Parent/Guardian Signature Date

Thank you for all of your cooperation and we look forward to a very successful year.

PLEASE RETURN ALL COPIES AT THE TIME OF PAYMENT

Office Use Only:

Amount Paid: _____ Check # _____ Received by: _____ Date: _____

General Directors Signature _____