

PERFORMER CONTRACT

"KOB 2020"

PERFORMER & PARENT: Please complete this form, making sure to check every box. Both Actor & Parent must sign. A copy of this contract will be returned to you for your records.

Auditionee Name:	
Email:	Cell Phone:
CHECK Statement of Commitment, Excellence and Commitment to Excellence BOXES	
I submit and commit to the goals, value Productions and STPCSTheatre, its presented in the state of the s	ntract" as a bid to be cast in the production of "KOB". es, standards and guidelines set forth by Theatrix roducers, directors, staff and crew. ent & Performer Information Packet KOB 2020"
I will maintain a positive, encouraging entire process of auditions, rehearsals	•
·	mmon Courtesy" philosophy by exercising the "Golden inciple meaning "treat others as you would like to be
I will not; cut, tint, color and/or alter my closing performance.	hair; tattoo, pierce and/or alter my body, until after
I will allow Theatrix Productions and S at the directors' discretion, or I will pro-	
have the absolute right to copyright, puportraits or pictures, videotapes and/or	neatrix Productions and STPCSTheatre Troupe shall ublish, use, sell or assign any and all photographs, in sound recordings, or any part thereof, that have member, or in which the student and/or cast member
I understand the theatrical chain of cor	·
I will study, learn, and memorize ALL I assigned to me.	ines, lyrics, choreography, blocking and staging
	ces on time as scheduled on the Theatrix Calendar
mates, crew and/or staff within 24 hou	l endeavor to resolve all conflicts with fellow cast rs. I understand that it is a positive & healthy life dress any offense in a timely manner. (Matthew 18:15)
Signature of Performer:	pate:
Signature Of Parent/Guarbian:	p ate: