

# MISSOULA CHILDREN'S THEATRE

A PRODUCTION OF MCT, INC.

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## TOURING CONTRACT • 2018-2019 SCHOOL YEAR

TOWN: **FLORENCE**

STATE: **KY**

**A.M. YEALEY ELEM**

PRESENTING ORGANIZATION: **A.M. YEALEY ELEM**

SHOW TITLE: **SNOW WHITE AND THE SEVEN DWARFS (SW-2)**

ACCT#: **KY-FLOR**

RESIDENCY WEEK: **11/26/2018-12/1/2018**

FIRST TIME: **N**

SPECIAL CIRCUMSTANCES:

BOOKING ID: **24418**

**PLEASE COMPLETE THE FOLLOWING INFORMATION:**

AUDITION DAY (MON. OR *TUES.): <u>Monday</u>	AUDITION DATE: <u>Nov. 26</u>	TIME: <u>4pm</u>
(*To accommodate a Tuesday audition, performances must be scheduled on Saturday)		
AUDITION LOCATION: <u>Yealey gym</u>		
REHEARSAL TIME: 1 <sup>ST</sup> SESSION (i.e. 3-5 PM) <u>3:45</u> 2 <sup>ND</sup> SESSION (i.e. 5:15-7:15 PM) _____		
(Two 2-hour sessions with a 15-minute break between sessions)		
REHEARSAL LOCATIONS (2 SEPARATE SPACES REQUIRED): <u>gym</u> AND <u>caterina</u>		
PERFORMANCE DAY(S) & DATE(S): <u>December 1st</u> AND _____		
TIME(S): <u>8pm</u> AND _____ LOCATION: <u>Yealey gym</u>		
(Suggested 3:00PM & 5:30PM on Saturday-Friday performances cannot be scheduled prior to 12PM)		
PHYSICAL PERFORMANCE ADDRESS: <u>10 Yealey Drive Florence, Ky</u>		
GRADE LEVELS: KINDERGARTEN THROUGH <input checked="" type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12		
(*Required Minimum Grade Range)		
PRE-REGISTRATION OF CAST (within MCT guidelines-see online presenter materials): Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		

### BASE RESIDENCY FEE:

**\$3650.00 US**

DVD LICENSING FEE created & sold (by MCT presenter) \$25 ☐ (by professional video org.) \$50 ☐

\$ \_\_\_\_\_

ADDITIONAL WORKSHOPS (3 included in residency fee) \_\_\_\_\_ @ \$75.00US

\$ \_\_\_\_\_

ADDITIONAL PERFORMANCES (2 included in residency fee) \_\_\_\_\_ @ \$300.00US  
(extra services may be scheduled at time of residency)

\$ \_\_\_\_\_

TOTAL PAYABLE TO MCT:

\$ \_\_\_\_\_

**A \$500 DEPOSIT WITH SIGNED AND COMPLETED CONTRACT DUE TO MCT BY: 9/20/2018**

For Office Use
Contract
Received
Entered
Deposit
Received
Amount
Check#

*I have read and understand this entire agreement:*

PRESENTER SIGNED

PRINTED

TITLE

DATE

MCT SIGNED

DATE

PLEASE COMPLETE OPPOSITE SIDE AND MAKE A COPY FOR YOUR RECORDS  
RETURN THIS DOCUMENT TO MCT IN PRE-ADDRESSED ENVELOPE PROVIDED