

Student Contract for the Musical *Peter Pan the Musical*

Student Name (Print): _____

Dates of Performances:

Friday, May 19th 7:00pm, Saturday, May 20st at 2pm, & Sunday, May 21nd at 2pm

I understand that:

Attendance at ALL rehearsals is mandatory.

Rehearsals will run from 3:00pm-6:00pm weekdays (Not EVERY child will be needed every day, schedule will tell you when your child is needed.)

There will be one day a week that there are no rehearsals.

➤ Sitzprobe is TBA and mandatory

(TECH WEEK: Monday May 15th - Thursday May 18th from 3pm-8pm
Older Leads until 9pm.)

Unexcused absences from any rehearsals are unacceptable.

If I am involved in a club or other after-school activity, I must make arrangements with the advisor to work around the rehearsal schedule.

Excused absences include: Non-attendance at school for illness, death in family, and other circumstances listed in the student handbook. **All excused absences are to be made known to the email address:**

www.HobokenHSTheatre@gmail.com at least 24 hours in advance.

If I am failing ANY subjects, I am not allowed to participate.

I will return this with all signatures to Ms. Miller

I have read the above contract in its entirety. I realize that if I/my child is chosen for a part, I/my child will be responsible for making sure he/she attends every rehearsal or will notify the Director in advance in case of illness. Absences from rehearsal or performance are NOT tolerated unless cleared in advance with the Director.

Students Name: _____

Student Signature: _____ Date: _____

Student Cell Phone: _____ Email: _____

Parent/Guardian's Signature: _____ Date: _____

Parent/Guardian Cell Phone: _____ Email: _____

Interest Application for Parent Volunteers

Parents/Guardians: If you are interested in helping us as a volunteer for this production, please fill out this application. Please note that there are certain categories of volunteerism that may require a background check and possible fingerprinting. *If you have been fingerprinted before within the district you do not need to be fingerprinted again*

Name of Parent/Guardian: _____

Name of Student relation: _____

Relationship to above student: _____

Full Address: _____
(Street Address w/ Apt. Number)

City, State, Zip Code

Home Number: _____ Cell Number: _____

Email: _____

Please circle any of the following areas of volunteerism that you would like to help with for the production:

Hair & Makeup

Costumes (Seamstress)

Costumes (Organization)

Rehearsal Chaperone

Performance Cafeteria Chaperone

Snacks/Food (for cast/crew)

Ticket Sales

School Store Concession Stand

Advertising

Flower Stand

Upon receipt of this application by the director, anyone wishing to volunteer will be contacted with information on how to proceed with the requirements.

Your help is GREATLY appreciated!

Thank you for your time!

Danielle Miller

Theatre Teacher & Director

danielle.miller@hoboken.k12.nj.us

