ACTOR/PARENT CONTRACT

St. John XXIII Catholic School Drama Club

I agree to be supportive of the St. John XXIII Catholic School Drama Club. I give St. John XXIII Catholic School permission to charge my FACTS account a Production Participation Fee of $75.00\*.

Parent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_