Parent Acknowledgment Form
Please sign and bring this with you to your audition

My actor and I agree that rehearsals for Seussical will be his/her/their **first priority**, after schoolwork, for the time period of January 5th – March 15th.

If my child is cast, I understand that there is a participation fee of **$350 per actor** that is due by the mandatory parent meeting on Thursday January 8th from 7:30-8:30pm. **Scholarships are available**. Contact admin@mvcct.org for more information.

I understand that MVCCT expects **parents to assist** in pre-production activities (costumes collection, set construction, program designer, etc.) and in-production activities (concessions, ushering, makeup, helping backstage, etc.). These will be explained further at the parent meeting.

Parent Name (please print):_____

Parent Signature: _____

Your Actor's Name (please print): _____

Date: _____