

CONTRACT CONFIRMATION

COMPLETE AND RETURN TO MTI

Your MTI Rep: SHARON WALKER
Your MTI Account Number: 6345570
Contract #: 9768304 Printed on: 09/17/22

CONFIRMATION OF PERFORMANCE INFORMATION

Name of Organization: RAYTOWN HIGH SCHOOL
Name of Show: INTO THE WOODS
Name and address of performance space/venue: ROBERT ATKIN PERF ARTS
6019 BLUE RIDGE BLVD, RAYTOWN, MO 64133

Date(s) of performance(s): 04/13/2023 - 04/15/2023
Please list number of performances for each calendar month: 3

Offer Expires: 10/29/2022

SHIP WITH: Standard Orchestration Alternate Orchestration Partial No Orchestration
(check one) (If "Partial," you MUST mark the required parts on the ORCHESTRATION DETAILS sheet, and return a copy with your signed contract.)

ROYALTY: Royalty A for 3 performance(s) @ \$ 255.00 per performance, a total of \$ 765.00

RENTAL: \$695.00 for a standard set of materials or any part thereof \$ 695.00

ADDITIONAL RENTAL (Outside of the standard two (2) month period): \$100 per week X weeks \$

SECURITY FEE: Your security fee MUST be paid in full by check, credit card or money order (No Purchase Orders accepted) in order to process your license. Failure to do so may result in a delay in the processing of your license. \$ 400.00

ADDITIONAL MATERIALS GRAND TOTAL (from ADDITIONAL MATERIALS page): \$

SALES TAX (where applicable): \$

TOTAL: \$ 1860.00

TOTAL AMOUNT ENCLOSED: \$ 1860.00

BALANCE REMAINING: \$ 0

SHIPPING

You will be billed for all shipping charges.
Canadian and overseas shipments are by most efficient carrier, unless otherwise instructed.

Special Shipping Instructions: (check one) OVERNIGHT 3-DAY GROUND (up to 7 days)
If no shipping method is selected, shipment will be by FedEx Ground Service

Shipping Address: Raytown High School 6019 Blue Ridge Blvd

City: Raytown State: MO Zip/Postal Code: 64133

PAYMENT

ALL PAYMENTS MUST BE MADE IN U.S. FUNDS

CHECK or MONEY ORDER (No personal checks accepted. Make payable to MUSIC THEATRE INTERNATIONAL)

CREDIT CARD: VISA MASTERCARD AMERICAN EXPRESS

Card Number: _____ Exp. Date: _____

Name on Card: _____ Billing Postal Code: _____

Signature: _____ Amount: _____

*PLEASE NOTE: ANY REFUNDS ISSUED ON CREDIT CARD PAYMENTS WILL BE PAID TO THE ORGANIZATION BY CHECK

PURCHASE ORDER: For schools and government agencies ONLY, a signed, authorized purchase order is acceptable for ROYALTY and RENTAL payment. YOU MUST STILL return your check, money order or credit card information for the SECURITY FEE along with your signed, authorized P.O. with this license to cause materials to be shipped.

ACCEPTANCE

By signing below, you agree that (i) you have read and understand the terms and conditions of this Production Contract, the accompanying Performance License and all attached riders, which are incorporated by reference into the Performance License and (ii) Licensee shall abide by the terms and conditions contained therein.

PRINT YOUR NAME DR. CHRIS GREINER TITLE CHIEF EXEC. ACADEMIC OFFICER

AUTHORIZED SIGNATURE [Signature] DATE 9/19/22

EMAIL CHRIS.GREINER@RAYTOWN.SCHOOLS.ORG DAY PHONE 816 268 7000

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YOU MUST COMPLETE AND RETURN THIS PAGE WITH PAYMENT