

CONTRACT CONFIRMATION

COMPLETE AND RETURN TO MTI

Your MTI Rep: SHARON WALKER
Your MTI Account Number: 0014280
Contract #: 9699380 Printed on: 08/18/21

CONFIRMATION OF PERFORMANCE INFORMATION

Name of Organization: RAYTOWN SOUTH HIGH SCHOOL
Name of Show: SEUSSICAL
Name and address of performance space/venue: RAYTOWN SOUTH HIGH SCHOOL
8211 STERLING, RAYTOWN, MO 64138

Date(s) of performance(s): 11/04/2021 - 11/06/2021

Offer Expires: 09/29/2021

Please list number of performances
for each calendar month:

NOVEMBER 4, 5, 6, 2021, 3 TOTAL PERFORMANCES

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) @ \$ 180.00 per performance, a total of \$ 540.00

RENTAL: \$625.00 for a standard set of materials or any part thereof \$ 625.00

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): \$ 750.00

SALES TAX (where applicable): \$ _____

TOTAL: \$ 2315.00

TOTAL AMOUNT ENCLOSED: \$ _____

BALANCE REMAINING: \$ _____

SHIPPING

Shipment is made by UPS or FEDEX Ground Service unless otherwise instructed. 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) RUSH SECOND DAY STANDARD

Shipping Address: 8211 STERLING AVE. RAYTOWN, MO

(NO P.O. BOXES)

City: RAYTOWN State: MO Zip/Postal Code: 64138

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 Andrea Nixon TITLE ASSIST. SUPERINTENDENT

AUTHORIZED SIGNATURE [Signature] DATE 8/17/21

EMAIL ANDREA.MIXON@RAYTOWNSCHOOLS.ORG DAY PHONE 816 288-7000

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YOU MUST COMPLETE AND RETURN THIS PAGE WITH PAYMENT