

Tri-State Actors Theater LETTER OF AGREEMENT

An Agreement Between Tri-State Actors Theater and [intern] _____
I understand and accept the following:

A: the position of ACTOR/CREW (roles/jobs to be specified) with TAT from (dates) _____ to _____, 200__.

B. the intern production[s] will be [youth play(s)] _____, by [writer(s)] _____, and [adult play(s)] _____, by [writer(s)] _____; and if these plays become unproducible, substitutions will be made by the artistic director.

C. our rehearsal and work week will be [depends on several factors](example): Monday-Saturday, Sunday off.

D. our class/rehearsal day is from (example) 10am-3pm, with the following exceptions:

(1) (dates) _____ (technical rehearsals) (2) (dates) _____ (work crew and performances). (3) (dates) _____ (work call and performance) (4) Saturday, (dates) _____ --5PM - 9:30PM (final performance)

E. transportation to and from the theater will be the ACTOR's responsibility;

F. meals during rehearsals and performances are the ACTOR's responsibility;

G. a registration fee of \$ _____ is to be submitted with this letter of agreement. Checks should be made out to "Tri-State Actors Theater, Inc."

H. the ACTOR will be responsible for (1) punctual attendance at all rehearsals, performances, and other calls, and (2) will maintain the quality of rehearsal and performance at all times, including the maintenance of his or her costumes, make-up, lines, and crew assignments, as directed.

I. the ACTOR will be available for newspaper and other media interviews and/or publicity sessions within reason, including photo calls, when given twenty-four hours notice.

J. the ACTOR will report for the first day of rehearsal/classes/work/training on (date) _____ at (time) _____ (schools still in session are excepted--report at end of school day) at the theater in COMFORTABLE REHEARSAL CLOTHING AND SHOES.

K. rehearsal schedules may be subject to change under certain conditions, such as replacement of a performer.

L. the possibility of touring. [Intern play(s)] _____ will be presented with the same cast at a date or dates (to be announced) in [month, date] _____. Additional rehearsals may be scheduled at that time to prepare for the presentations.

Signature(ACTOR) _____ Date _____
T-SHIRT SIZE _____

Signature(Parent) {if actor is under 18} _____ Date _____

Signature(Appropriate Staff Member) _____ Date _____

THE DEADLINE FOR YOUR LETTER OF AGREEMENT AND FEE IS (date) _____. PLEASE SIGN AND RETURN (WITH FEE) TO: TRI-STATE ACTORS INTERN COMPANY,P.O.Box 7225, 07461-7225. If you have any questions regarding this Letter of Agreement, please call 1(973) 875-2950.