

WORKSHOP AGREEMENT FORM

PLEASE SIGN AND RETURN THIS FORM TO JANE STEIN OR DAVID JOHNSON'S MAILBOX.

I HAVE READ THE GUIDELINES CONCERNING "WORKSHOP PRODUCTIONS".
I UNDERSTAND AND FULLY AGREE TO EXECUTE THEM.

DIRECTOR:

DATE:

STAGE MANAGER:

DATE:

PLEASE DESIGNATE ONE PERSON TO BE IN CHARGE OF COLLECTING ALL RECEIPTS. THAT PERSON WILL BE RESPONSIBLE FOR ALL MONIES GIVEN TO THE PRODUCTION. IF THE RECEIPTS AND MONIES DO NOT MESH, YOU WILL HAVE TO COME UP WITH THE REMAINDER OF ADVANCE MONEY.

DESIGNATED BOOKKEEPER: