MCT Payment Plan Agreement Form

(Please turn in this form along with your headshot at your audition)

Actor Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Primary Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Checks made payable to **MIT**

**PLAN OPTIONS**

* **Option #1 –** *Payment in full, $100 ($50 sibling)*

Full payment due on your child’s Audition date

* **Option #2 –** *Write two checks*

First payment of $50 due on Audition date ($75 for families with two actors)

Second of payment $50 due 1/15/16 ($75 for families with two actors)

* **Option #3** – *Scholarship*
  + **Full**
  + **Partial - $\_\_\_\_\_(Please indicate amount you wish to pay)**

**FOR OFFICE USE ONLY**

Full payment Scholarship

½ payment ½ payment