



MCT Payment Plan Agreement Form

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

Actor Name: _____ Primary Phone: _____
Parent Name: _____ Email Address: _____

Payment Method

Indicate the method of payment. Please note that a small fee will be added to electronic payments.

- Pay by check - make checks payable to MIT
- Pay online via Square: madrona-integrated-team.square.site



Plan Options

- Option #1 - Payment in full, \$100 per child (\$75 siblings)

Full payment due on your child's audition day

- Option #2 - Pay in two installments

First payment of \$50 due on audition date (\$87.50 for families with two actors)

Second payment of \$50 due first day of rehearsal, 1/9/24 (\$87.50 for families with two actors)

- Option #3 - Scholarship

Full scholarship

Partial scholarship - indicate the amount awarded \$ _____

FOR OFFICE USE ONLY

Paid in Full Date Received _____

Scholarship Approved Date _____

½ Payment

1st Payment Date Received _____

Received By (initials) _____

2nd Payment Date Received _____