

Dear ***“GREASE”*** Cast Members-

This year's musical is guaranteed to be a **HIT**!!!

Each year there are a number of items that need to be purchased by individuals for their own use, such as make-up, show T-shirts, and personalized costume items. In the past, we have asked company members to bring in money for each item separately, which creates additional bookkeeping work for staff. In addition, these unexpected expenses catch families off-guard and can be an issue. For this reason, we are requesting a $50 participation fee which will defray the costs of these items and simplify the process for all.

In order to take possession of your costume & makeup please do the following:

* Bring in a check for $50 made payable to **Islip Public Schools** on or before **Friday, November 2, 2018**. \*$50 is for all cast members!!
* bring in the signed slip provided below indicating that you understand your responsibilities related to the costumes and user fee. This fee covers: makeup (if needed), costumes, DVD, & a T-shirt.

We will begin using costumes on Jan 8th. Please **DO NOT** bring your costume home.
Keep all costumes at school so you are ALWAYS ready to use them.

Any rented costumes must be returned on a hanger, with all accessories in a plastic bag, immediately following the final show. If any piece is missing and/or the costume is damaged, you will be responsible for any costs incurred.

Thanks for taking the time to read this! If you have questions or concerns, just see me after practice. ☺ *Dr. Harris*

I will care for the costumes given and made for me. I will return the costumes immediately following the closing performance. I understand that if I am missing any parts of the costume and/or the costume is damaged, I will be responsible for any costs incurred.

The $50.00 check covers my costume, a cast t-shirt, makeup (if needed), and a DVD of the production.

\*\*DO YOU NEED MAKEUP: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **T-Shirt Size \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Student Name (PRINT): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_