



My child, _____, is a cast/crew member of the Jenison High School Theatre Production of **THE MIRACLE WORKER** directed by Todd Avery. I understand that there is a required participation fee for all cast/crew members involved in this production.

Please indicate one of the following:

_____ Enclosed is a **\$40.00** check (made out to **Jenison Public Schools**) or cash.

_____ I will be transferring my child's participation fee from another school account. You must alert BRIAN GRAY bgray@jpsonline.org if you choose this option.

_____ I will make my payment of **\$40.00** online via "Pay Schools" using the link **<http://tinyurl.com/hbg6cw9>**

_____ My student qualifies for free/reduced school lunch, and I would appreciate BRAVO, the Jenison High School Theatre Boosters, paying one half of the participation fee amount. I have enclosed a **\$20.00** check (made out to **Jenison Public Schools**) or cash. *I give you permission to verify this eligibility.*

This form, along with a payment for **\$40.00** or indication of qualification for participation fee reduction with a payment for **\$20.00**, is due by **FRIDAY, SEPTEMBER 27th, 2019**. This form and payment should be placed in a sealed envelope and placed in the JENISON THESPIAN DROP BOX between the office and 100 wing of the high school.

We thank you for your support of the Jenison High School Theatre Program, and we trust that your child will benefit from involvement in **THE MIRACLE WORKER**.

Parent Name

Parent Signature

Parent phone number and email address

**** due by FRIDAY, SEPTEMBER 27th, 2019**