

# MISSOULA CHILDREN'S THEATRE

A PRODUCTION OF MCT, INC.

**Monday, September 25 - Saturday, September 30**

The Missoula Children's Theatre presents JACK AND THE BEANSTALK, an original adaptation of the classic children's story. What happens when a young boy plants Wonder Beans in his own backyard? For Jack, it is the beginning of a great adventure. With a little help from P.T. Wonder and a Giant, Jack learns a valuable lesson about true happiness. This musical production also features a host of other characters, including the Elegant Harp, Jill, Mother, Milky White, the Farmers, the Merchants, the Circus Performers and the Wonder Beans.

# Jack and the Beanstalk



Registration opens September 5th at 8am,  
Closes September 20th.

- \* Casting Session: Monday, 9/25 3:30-5:30pm
- \* Location: Catalina Foothills High School Auditorium
- \* Rehearsals: 9/25-9/29  
- 3:30-5:30 and/or 5:45-7:45 dependent upon the role in which your child is cast
- \* Performances: 9/29, 7pm and 9/30, 11am
- \* Participants must be present for auditions, all rehearsals, and both performances.
- \* Grades: K-12
- \* Fee: K-2nd grade - \$115  
3rd-12th - \$160
- \* Refund Policy: A 50% refund will be given through 9/20/17. No refunds thereafter.
- \* Register online:  
<https://cs.cfsd16.org/webreg2>  
by fax, 209-7575 or email, [cs@cfsd16.org](mailto:cs@cfsd16.org).

Student's Name..... Grade ..... Teacher .....

Home phone ..... Address..... Zip .....

Parent/Guardian ..... Phone.....

Parent/Guardian ..... Phone.....

Email address: .....

Emergency Contact Name ..... Phone.....

**RELEASE FORM** I recognize the risk of illness and injury inherent in any program and am participating in the express agreement and understanding that I am hereby waiving and releasing the instructors and Catalina Foothills Community Schools from and against all claims, costs, liabilities, expenses, or judgments, including attorney's fees and court costs arising out of participation in the program. I hereby agree to the aforementioned statement and release Community Schools and its associates of any financial and/or medical obligation which might be incurred. The following signature authorizes the Catalina Foothills Community Schools to pursue any emergency measures for my child and it is my agreement to pay all costs of collections. The following signature also indicates that all information provided, including name(s), address(es), phone number(s), grade level, and school in which student is currently enrolled are accurate, and acknowledge that false information provided will result in removal from enrolled class(es) without refund or credit. The following signature acknowledges that my student must adhere to all Catalina Foothills School District governing board policies, and that Community Schools and its employees reserve the right to remove my child(ren) from any class for disciplinary reasons on a temporary or permanent basis, without refund or credit. The following signature also allows pictures to be taken of my child(ren) for future publication.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Please complete if paying by credit card (Master Card, Visa or Discover):

Print card holder's name: \_\_\_\_\_ Date: \_\_\_\_\_

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Authorization Signature: \_\_\_\_\_ Date \_\_\_\_\_