



Script Order Form

Please use this form if your organization would like to stage its own production of **Fidgety Fairy Tales - The Mental Health Musical**.

Name _____

Agency _____

Address _____

City _____ State _____ Zip _____

Home Work Cell phone _____

Email _____

Check enclosed (*payable to MACMH*)

I am enclosing a: PO Voucher

Please charge my: Visa Mastercard Discover

Credit Card Billing Information

Name (*on card*) _____

Card # _____

Exp. date _____ 3-digit code _____ Amount _____

Signature _____

Billing address _____

City _____ State _____ Zip _____

Scripts

Order one script for each individual participating in the performance - include actors, directors, choreographers, accompanists, designers, and others (minimum order: 8). Scripts are unbound and printed on 3-hole punch paper. One copy of the piano score is included per order.

of scripts _____ x \$5/script Total \$ _____

Performance Royalty

Amateur *Select this option for schools, churches, community theatres, and others.*

of performances _____ x \$40 Total \$ _____

Stock *Select this option if your organization employs professional actors.*

of performances _____ x \$60 Total \$ _____

TOTAL \$ _____

Date of First Rehearsal _____

Date of First Performance _____

Please allow 2 - 4 weeks for delivery. A performance contract will be mailed along with your packet. A signed copy must be returned to MACMH before the first performance. Questions? Please contact fidgety@macmh.org.

Mail to: MACMH
 165 Western Ave N, Suite 2 • St. Paul, MN 55102

or fax to: 651-644-7391



Minnesota Association for Children's Mental Health • MACMH

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