

Through the Seasons

Friday 3<sup>rd</sup> April and Saturday 4<sup>th</sup> April 2009  
Spa Pavilion, Felixstowe

Please complete this form CLEARLY IN CAPITALS and give it to Jackie  
by Friday 20<sup>th</sup> March 2009

Name of Dancer(s) .....

Name of person/s who will be dropping off and collecting the above child/children for rehearsals and performances

	Dropping off	Collecting
Sunday 29 <sup>th</sup> March	.....	.....
Tuesday 31 <sup>st</sup> March	.....	.....
Wednesday 1 <sup>st</sup> April	.....	.....
<b>Performances</b>		
Friday 3 <sup>rd</sup> April	.....	.....
Saturday 4 <sup>th</sup> April	.....	.....

\* Will either or both of these people be in the audience?

Friday 3<sup>rd</sup> April name and seat no. ....

Saturday 4<sup>th</sup> April name and seat no. ....

Emergency phone number  
(for use during the rehearsals and performance) .....

Please note in the box below any Dietary Needs / Health Conditions (eg asthma) and any medication that may need to be taken, or other information that we should be aware of whilst your child(ren) are in the chaperone's care.

If you are sending medication please ensure that it is clearly marked with clear instructions on how and when it should be taken, and that where possible you only send the dose that your child needs during the performance or rehearsal. Please make sure that you tell the chaperone at the door that your child has to take medication.

In the interests of the safety of your child/children, it is essential that if any of the above circumstances change eg someone other than the person named above is collecting your child/children from a performance; you must inform Jackie Bloomfield in writing and hand in the letter when your child(ren) arrive(s) at the Spa.

Signature of Parent/Guardian .....

Name in capitals .....