



Wednesday, 3 May 2017

**CONSERVATORIUM PERFORMANCE:  
The Beatles Tribute Show: 30<sup>th</sup> November 2017**

Dear Parents and Guardians,

Your child, \_\_\_\_\_ has been asked to perform in the Conservatorium Performance event, **The Beatles Tribute Show** at The Civic Theatre, Gunnedah.

Details appear below. Please complete the permission note and return it to your tutor ASAP to confirm your involvement.

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Event:	THE BEATLES TRIBUTE SHOW
Venue:	The Civic Theatre, Gunnedah
Date:	Thursday, 30 <sup>th</sup> November 2017
Time:	<b>Performers to arrive 6pm</b> for Rehearsal/Warm Up (students only in Theatre)  <b>Event starts at 7pm.</b> Tickets available via <a href="https://www.trybooking.com/329801">https://www.trybooking.com/329801</a>
Rehearsal:	Tuesday, 28 <sup>th</sup> November 6PM – 8PM.  <b><u>ALL STUDENTS MUST ATTEND THE REHEARSAL</u></b>  _____
Dress:	Students will be advised about simple costumes during lessons
Event Coordinator:	<b>Sandy Clark &amp; Joel Pickett</b>
What to bring:	Music  Bottle of Water

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Director:	Ms Rebecca Ryan
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**PERMISSION NOTE**

Please complete return to **your teacher** at Gunnedah Conservatorium by Friday 25<sup>th</sup> November.

YES / NO my child, \_\_\_\_\_ will perform at **The Beatles Tribute Show** on Thursday 30<sup>th</sup> November. I understand this requires a commitment to attend rehearsal on Tuesday 28<sup>th</sup> November at the advised time.

Name of Parent/Carer (in full): .....

Signature of Parent/Carer: .....

Parent telephone: (Home).....(work).....(Mobile).....

Other contact person (if parent/guardian is unavailable):

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Phone: .....

Please list any medical conditions your child has and treatment plan. Attach asthma/anaphylaxis action plan if relevant:.....

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**If your child will be in the care of another person on the rehearsal night or the day of the concert please provide those details.**

Rehearsal: 28<sup>th</sup> November 2017

Name:..... Contact number: (Mobile).....(Other).....

The Beatles Tribute Show: 30<sup>th</sup> November 2017

Name:..... Contact number: (Mobile).....(Other).....

**PHOTO PERMISSION**

I GIVE/DO NOT GIVE permission for my child to be filmed or photographed for advertising or promotional purposes.

Name of Parent/Carer (in full): .....

Signature of Parent/Carer: .....