STUDENT LIST FOR PERFORMANCE

To be competed and submitted for each performance

**Name of Performance: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date of Performance(s):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Time(s) of Performance(s):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**\_**

**Address of Venue: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Lead Person responsible for the Performance: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Numbers of children participating including below Compulsory School Leaving Age**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Female** | **Male** | **Other** | **Prefer not to say**  | **Special Educational** **Needs** |
| Please enter total numbers in each column |
| **Age 0 - 4 years** |  |  |  |  |  |
| **Age 5 - 8 years** |  |  |  |  |  |
| **Age 9 - 16 years** |  |  |  |  |  |

**A full resister of all children and their emergency contact details including any medical issues or additional needs must be held securely and be available at the place of performance at all times.**

**Number of supervising adults per Performance**

**Applicant Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Print Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_