

LILYDALE HIGH SCHOOL

Melba Avenue, Lilydale 3140

Telephone: 9735-5644

Facsimile: 9735-3552

Email: lilydale.hs@edumail.vic.gov.au

Website: www.lilydalehs.vic.edu.au



March 5, 2015

Dear Parent/Guardian,

ALL SHOOK UP

Congratulations! Your child has been selected to participate in the 2015 production of 'All Shook Up'.

Rehearsals will begin on Monday 16th March. We will be rehearsing every **Monday and Thursday from 3 - 5 pm**, however, your child will not be required to attend every rehearsal. Students will receive a rehearsal schedule before the end of term and these will also be posted on Compass and the school website.

Rehearsals will take place in the P.A.C. in P1 mostly, and will eventually move to the hall closer to the production. There will also be a couple of **rehearsals during the June/July holidays** that all students are required to attend, and **weekend and evening rehearsals** leading up to the first performance.

The production will take place beginning with a matinee on **Wednesday August 26th and evening performances on Thursday 27th, Friday 28th and Saturday 29th August**. Students must organise to make their own way to and from rehearsals and performances. Please ensure that your child is collected promptly at the conclusion of each rehearsal.

In order to receive a **production t-shirt** and to cover some of the costs of **photocopying scripts and music**, all cast members are required to pay a non-refundable fee of **\$30.00**. In order for your child to participate in the rehearsals and production, please complete the indemnity below and have your child return it with the payment of **\$30.00** no later than **Friday 17th April**.

If you have any questions, please don't hesitate to call Jacki Goode or Amy Cumming at the school during business hours on 9735 5644, via Compass or on the Production mobile 0417 338 062.

Regards,

Jacki Goode
Producer/Director

Amy Cumming
Producer/Musical Director

✂-----
LILYDALE HIGH SCHOOL - INDEMNITY FORM

My son/daughter _____ Form _____

has my permission to attend the screening, rehearsals and performances of ALL SHOOK UP and I have included a non-refundable payment of \$30.00 to cover some of the costs of photocopying and a production t-shirt.

Please circle t-shirt size S M L XL

I authorise the teacher in charge of the production to consent, where it is impracticable to communicate with me, to the child receiving such medical or surgical treatment as may be deemed necessary. I supply the following relevant details:

Any physical limitations or medical conditions: _____

Has she/he had full tetanus immunisation: _____

Any other relevant information concerning the child: _____

SIGNED: _____
(Parent/Guardian)

DATE: _____

CONTACT TELEPHONE: _____