**Rock of Ages**

**Production Commitment**

As a member of the 2021 production of Rock of Ages, you **MUST** be available to attend all scheduled rehearsals and performances. Any unavoidable absences **MUST** be discussed with a member of the production team in advance.

Please note that cast members may be removed from scenes if they are absent from rehearsal.

Rehearsals will take place in the Auditorium every Thursday afternoon from 3pm-6pm commencing 11th March. A rehearsal schedule will be provided to cast members during the parent meeting following our first rehearsal.

There will be Sunday rehearsals on 13th June, 20th June, 25th July and 1st of August and school holiday rehearsals on Wednesday 7th July and Thursday 8th July. Any ongoing concerns regarding your attendance at these rehearsals **MUST** be discussed with a member of the production team

The week of Saturday 7th August-Sunday 15th August is an intensive week. Please take note of these important dates, as all cast members **MUST** be available for the duration of this period.

There will be four performances of Rock of Ages on **Thursday 12th August** (evening), **Friday 13th August** (evening) and **Saturday 14th August** (matinee and evening).

All cast members are required to pay a production membership fee of $75 to assist with costume and set construction. Students will receive a Rock of Ages souvenir t-shirt at no further cost.

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (student name), understand the commitments involved in the 2021 production of Rock of Ages.

I will attend all rehearsals and approach my involvement with enthusiasm and dedication.

I understand that my involvement in Rock of Ages will be reconsidered if I am unable to maintain a high level of work in my academic classes throughout the rehearsal period.

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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent/Guardian signature

Please provide up-to-date contact details for a Parent/Carer below. These will be kept on hand at all times throughout the rehearsal process in case of an emergency.

Parent/Guardian Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_