STUDENT LIST FOR PERFORMANCE

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

**Details of children participating**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Male** | **Female** | **Special Educational** **Needs** | **Role** |
| 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.**

**Chaperone Details (continue on an additional sheet if required)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Names of Approved Chaperones**  | **Address** | **Registration****Expiry Date**  | **Name of Authority who Approved Registration** |
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|  |  |  |  |

**Number of Approved Chaperone present per Performance**

**Number of other supervising adults with valid DBS **

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

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

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