

St Julian's C of E Primary School

Wellow
Bath
BA2 8QS

42₄₂

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Headteacher: Jane Gascoigne, B.Ed (Hons), NPQH

4TH February 2010

Dear Parents/carers,

Dance Umbrella at the Forum

I am pleased to inform you that this year's Dance Umbrella has been arranged for Thursday 25th March. The arrangements are as follows.

The performance starts at 6.30 pm and will finish at approximately 8.30 pm. The children will be taken to The Forum by coach from school at 2.15, to enable them to have a dress rehearsal at 3.15. Please arrange for your child to be **collected** from The Forum, Bath at 8.30 pm.

They will need to have a packed tea to eat at The Forum. No fizzy drinks please.

Costumes Could your child please come wearing black trousers/black t-shirt and black shoes/trainers. If you have any problems with the costume please inform class teachers as we may be able to help.

If any parent would care to help look after the children between rehearsal time and the start of the performance please let me know. Help is necessary in order to supervise all of the children.

Ticket Information

Tickets are only available from:

Bath Festivals Box Office
2 Church Street
Abbey Green
Bath
BA1 1NL
Tel: 01225 463362
Fax: 01225 310377
Email: boxoffice@bathfestivals.org.uk
Web: www.bathfestivals.org.uk

Parents are asked NOT to take photographs during the performance because of child protection issues.

We would be grateful for voluntary contributions of £1.50 towards the cost of transport. Many thanks for your support and we look forward to a tremendous evening of entertainment.

Yours sincerely,

Ceri Mapstone
Class 4 teacher

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Please return to the school office via class registers

Dance Umbrella at the Forum – Thursday 25th March 2009

I give permission for my child to take part in Dance Umbrella.

I am able to collect my child from the Forum at 8.30 pm.

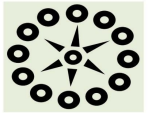
I am able to help supervise the children from 3.00 pm to 8.30 pm or _____
(please state time available)

I enclose a voluntary contribution of £_____ (£1.50)

Please indicate if there are any medical problems such as ALLERGIES / TRAVEL SICKNESS / ASTHMA / EPILEPSY / OTHER MEDICAL
CONDITION _____ (please specify)

Signed: _____ (Parent/Guardian) Date: _

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