



Rosary Primary School

TOGETHER WE DO OUR BEST | BELIEVE | EXPLORE | STRIVE | TRIUMPH

Dear Parents,

As you are aware the Yr 5 students have been selected to perform at the ACT Wakakirri Awards Night on Wednesday 6 September at the Canberra Theatre. This is very exciting and we would like to congratulate the students on their fantastic achievement.

All schools participating in the Awards Night Performance have been given a rehearsal time at the Canberra Theatre on Wednesday 6 September. Rosary has been allocated the 2:50pm timeslot. We will travel to the theatre by bus, departing school at 1.20pm. The students will need to be collected from the front of the Canberra Theatre at 3.50pm. If someone other than yourself will be collecting your child at this time, please indicate this on the slip attached.

In the evening, the students will need to be at the Canberra Theatre by 6.00pm. The performance will begin promptly at 7.15pm. Parents are asked to collect their children after the show, outside the venue, at Rosary's designated area. These meeting areas will be announced at some point during the evening.

Rosary has been allocated a backstage area in which the students will wait while the other schools perform. We have asked the children to bring along something small which will help pass the time (eg a book, etc). Please do not send in any games that contain many parts. Electronic games are brought at student's own risk and will be left unattended in the dressing room during the performance. We are also asking that the students bring in a water bottle and a small snack, something easy to eat that will **not make a mess** (eg no popcorn or yoghurt).

Please complete the permission slip on the next page and return it to school ASAP.

Tickets

Grand Final tickets for The Canberra Theatre are \$35.00 each and the school has been given an allocation of **2 tickets per family** (Sorry no waitlist tickets available). **If you wish to purchase tickets you will need to complete the attached order form and return it, with payment, to school by Wednesday 23 August** (next week). Tickets that have not been purchased by this date will be reallocated.

Additional tickets **may** become available from Canberra Theatre ticketing once school allocations are finalised. They would have to be purchased directly from the box office and would not be in the same part of the theatre as the Rosary allocation.

Please send your payment slip to the front office as soon as possible. If you do not require tickets it would be appreciated if you return the form with an order of '0' to assist with finalising the order.

Regards
The Wakakirri Team

Wakakirri Awards Night Performance - Parent Ticket Order Form 2017

Forms must be returned by Wednesday 23 August

Show Details

Performance Date: Wednesday 6 September
Show Start Time: 7.15pm
Ticket allocation per child: 2 tickets
Ticket Price: \$35 each

Parent Order Details

Parent Name: _____ Contact Phone: _____

Student's Name: _____ Student's Class: _____

Do you require wheelchair access? (please circle) YES / NO

Number of tickets required: (max 2) _____ \$ _____

TOTAL COST \$ _____

Credit Card Payment : ____ / ____ / ____ / ____ Expiry Date __ / __

Name on Card _____ Signature _____

Cash / BPAY / Cheque (Please Circle)

.....

Wakakirri Awards Night Dress Rehearsal – Wednesday 6 September

I give permission for my child _____ to travel by bus to the Canberra Theatre on Wednesday 6 September. I understand that students are to be collected from the front of the Canberra Theatre at **3.50pm** and will need to return by **6.00pm** to prepare for their performance.

Please indicate below who will be collecting your child if you are unable to do so yourself.

_____ will be collecting my child from the front of the Canberra Theatre at 3.50pm.

CONSENT TO MEDICAL ATTENTION: *In the case of an emergency, I authorise the teacher in charge, where it is impracticable to communicate with me, to arrange for my child to receive such medical attention as may be deemed necessary. I also undertake to pay costs which may be incurred for medical attention, ambulance transport and medication while the child is on the excursion.*

SIGNED: (Parent/Guardian) _____ Date: _____

Phone: _____