

Dear Parents/Guardians

## DRAMA DEPARTMENT THEATRE TRIP: *THE WOMAN IN BLACK* THE WEST YORKSHIRE PLAYHOUSE, TUESDAY 25<sup>TH</sup> OCTOBER 2016 (HALF TERM)

**THE WOMAN IN BLACK** is one of the most exciting gripping, and successful theatre events ever staged. Running for over 25 years in London's West End, this touring production is playing to sell out audiences. The timings of the visit are expected to be **18:00 – 22:00.** More information will be distributed closer to the date.



A lawyer obsessed with a curse that he believes has been cast over himself and his family by the spectre of a 'Woman in Black', engages a young actor to help him tell his terrifying story and exorcise the fear that grips his soul.

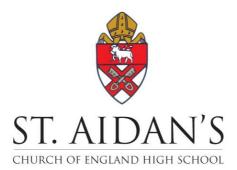
## A thrilling theatrical experience that will have you on the edge of your seat.

The cost of coach and ticket is £20. We have secured prime front row stalls seats for the evening performance. Please be aware that there are only 46 places available. These will be reserved on a **FIRST COME, FIRST SERVED BASIS.** Our preferred method of payment for this trip is via ParentPay. You will be able to view the balance due as well as giving online consent for the trip.

Please note payments by cash and cheques will still be accepted, but this method will take time to process. If you are unable to use ParentPay please complete the consent slip below and return it to the **FINANCE OFFICE** at school with your payment. An early response is strongly recommended to avoid disappointment.

Yours sincerely Mrs Bray Head of Drama

> Headteacher: Mr J Wood St. Aidan's Church of England High School, Oatlands Drive, Harrogate, North Yorkshire HG2 8JR Tel: 01423 885814 • Fax: 01423 884327 • Email: admin@staidans.co.uk • www.staidans.co.uk



## PRO FORMA FOR USE IF PAYING BY CASH OR CHEQUE. PLEASE RETURN TO THE FINANCE OFFICE

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NAME: .....

FORM: .....

I give permission for my child to attend the theatre trip on TUESDAY  $25^{TH}$  OCTOBER 2016 I include a payment of £20. I understand that a refund may not be given unless a replacement can be found.

Signature of Parent/Guardian: .....

Date:....

Changes to the Contact/Medical details:

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