


SCHOOL OF ROCK – CAST MEMBER INFORMATION

NAME:	
ROLE:	
 <p>I PLEDGE ALLEGIANCE TO THE BAND...</p>	<p>I AM NO LONGER ABLE TO TAKE PART AND WOULD LIKE TO DECLINE MY OFFERED ROLE</p>
<i>Please tick the relevant box above</i>	

CAST MEMBER MOBILE NUMBER	
HOME TELEPHONE NUMBER	
CAST MEMBER EMAIL ADDRESS	

COSTUME INFORMATION

DETAILS REQUIRED	PLEASE PROVIDE MEASUREMENTS IN FEET & INCHES
HEIGHT	
CHEST	
WAIST (narrowest point of torso)	
INSIDE LEG - to ankle bone	
SHOULDERS across back	
ARM (straight) shoulder to wrist	
SHOE SIZE	

EMERGENCY CONTACT DETAILS FOR REHEARSALS OUTSIDE SCHOOL HOURS

NAME OF EMERGENCY CONTACT:	
RELATIONSHIP TO PUPIL:	
TELEPHONE NUMBER:	
CAST MEMBER MEDICAL INFORMATION OF WHICH YOU SHOULD BE AWARE:	

PARENT EMAIL ADDRESS: Please supply an email address if you would like to be copied in on production information	
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I can confirm availability for the stated dates and give permission for my son/daughter to take part in the St. Aidan's production of SCHOOL OF ROCK

I consent to any emergency medical treatment should it become necessary:

Signature of Parent/Guardian:.....

Date:.....

THIS FORM CAN BE SENT TO SCHOOL OR EMAILED TO: f.bray@staidans.co.uk