



10<sup>th</sup> June 2019

**Pavilion Dance: Spotlight Terraces**

Dear Parent/ Carer

Pavilion Dance has invited the Academy to take part in the 'Spotlight Terraces' event this year. Spotlight Terraces is an outside dance event where local dance groups perform and share their work to the local community. This is a free event and the students from the Academy will be performing on the terraces at Pavilion Dance at 12:00pm on Saturday 29 June 2019.

On the day your child will need to meet Miss Martin and Miss Lewis at the front of the **Pavilion Dance Theatre** at 11:30am. The rehearsal will begin at 11:30am in the theatre. The performance will commence at 12:15pm. Your child will need to be collected at the front entrance of Pavilion Dance at 12:30pm.

On the day your child will need to wear their Bourne Movement Dance T-shirts and black leggings. If you are happy for your child to take part in this fantastic event please fill out the reply slip below and return to Miss Martin.


I thank you in anticipation of your support with this event and look forward to a fun and exciting day!

Yours sincerely

Miss F. Martin  
Subject Leader Dance

Principal: Mr Mark Avoth

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**Reply Slip: Return to Miss Martin (Subject Leader of Dance) : Spotlight Terraces**

I give permission for my child \_\_\_\_\_ to attend and take part in Spotlight Terraces at the Pavilion Theatre on Saturday 29 June 2019. I am aware that my child will need to meet staff at the front of the Theatre at 11:30am I am also aware that I am responsible for the arrangements for my child to get home after the performance.

I will be collecting my child from Pavilion Dance Theatre, Bournemouth at 12.30pm **YES/NO**  
If no, please state how your child will be getting home after the event finishes.

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**During this event Pavilion Dance will be taking pictures and filming the showcase, if you do not give media permission for your child please tick the box**

Address and emergency contact number for the duration of this trip

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I confirm that my child is in good health? **YES/NO**

Please state any medication your child is receiving

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In the event of illness or an accident, I consent to any necessary medical treatment, which might include the use of anesthetics? **YES/NO**

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In the event of illness or an accident, I consent to any necessary medical treatment, which might include the use of anesthetics? I understand that it is my responsibility and the responsibility of my son/daughter to carry and administer any known prescribed medication **YES/NO**

I confirm that I am the person with parental responsibility.

Signed.....Date:.....