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**A Midsummer Night’s Dream - Adult Choir Sign Up Form**

Thank you for your interest in performing in A Midsummer Night’s Dream on Sunday 29 August. Please complete this form and return to kallsop@boh.org.uk by Monday 23 August.

**Rehearsal and Performance Schedule:

Thursday 26 August:**

5.45pm – 7.45pm (Pavilion Arts Centre)

**Sunday 29 August:**

12.30pm – 1.30pm Rehearsal (Pavilion Arts Centre)
2.30pm – Dress rehearsal (Pavilion Gardens)
4.30 – 5.30pm Performance (Pavilion Gardens)

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| **Participant name:** |  |

|  |  |
| --- | --- |
| **Emergency contact name and number:** |  |

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| --- | --- | --- | --- | --- |
| **Do you have any access requirements we need to be aware of?** (please tick): | **Yes** |  | **No** |  |
| (If you answered ‘yes’, please use this space to provide details, including how we can help you) |

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| --- | --- | --- | --- | --- |
| **Do you have any medical conditions we need to be aware of?** (please tick): | **Yes** |  | **No** |  |
| (If you answered ‘yes’, please use this space to provide details, including how we can help you) |

**GUIDELINES**

* All participants should take a lateral flow test on the morning before attending to limit the spread of Covid-19.
* Please do not attend if you are feeling unwell or showing any symptoms of Covid-19.

**DECLARATION**

I confirm that I have read and agree to guidelines.

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| **Signed:**  |  | **Date:** |  |
| **Print name:** |  |

**CONSENT**

I give my consent for photos/videos to be taken during the session and used for marketing purposes, including on the Moving Stories, Buxton Opera House and Buxton International Festival website, Platform 3 promotional material, social media channels and may feature in the local press.

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| --- | --- | --- | --- |
| **Signed:**  |  | **Date:** |  |
| **Print name:** |  |