**Availability Form**

**Child’s Name**:

**Chaperones’ Names and telephone numbers (please list all)**:

**Please note:**

* the following availability should be based on your child AND an acceptable chaperone being available to attend castings or bookings.
* Icona will assume that both your child AND an acceptable chaperone are available for all times and dates (including weekends) except those specified below.
* Icona will always try to secure mid-week castings and bookings around weekly commitments, but this is not in our control.

**Lack of availability until 30th April 2018**

**In chronological order, please list any dates when your child AND a chaperone will be unable to make castings or bookings** (eg during holidays, due to work commitments, for birthdays, weddings etc):

**Please list regular mid-week (ie school-term) commitments/classes that we should be aware of (but can be missed if necessary):**

**Parent/Guardian name:**

**Signed**:

**Date**: