Dear Parent/Guardian:

 (Subject)

 (Objective) To mount a theater production

Part of the learning experience in this course is to undergo the various phases of theater direction and production which include but not limited to conducting rehearsals, promotions, actual production.

 To meet the objective of the activity, your son/daughter/ward is encouraged to join the FEU faculty and student participants during the preparations, rehearsals and the final production which will be held at the Arts Building 202 (DepComm Studio Theater) on \_\_\_\_\_\_\_\_\_\_\_\_, from \_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_. (See attached for details of rehearsal dates).

 The approximate study expense is **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 The Department welcomes any inquiry that you have. You may call 7355621 local 236 or email

jcastro@feu.edu.ph.

 No duly accomplished waiver, no attendance to the activity.

 Parents/ Guardians are reminded to do close monitoring.

 Sincerely yours,

 Printed Name & Signature of Faculty

Noted:

Cherish Aileen Brillon Dr. Joel M. Chavez

 Program Head Dean

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(Return Slip)

Dear Sir/Madam:

 I have read and understood my son’s/ daughter’s / ward’s involvement/participation in the aforementioned off-campus activity.

 I will participate in the supervision of my son/daughter/ward related to the above activity

 I will undertake not to hold Far Eastern University or any of its faculty, officers, or administrators liable for any attributable to the negligence or culpable act of my son/daughter/ward of any third party.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature over Printed Name Relation to Student Signature over Printed Name of

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student

Theater Group: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Waiver Attachment (i)**

Section: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Faculty: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Class Schedule: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Director: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of PM: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| Rehearsal Dates | Venue | Time |
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|  |  |  |
|  | AB 202 – TDR |  |
|  | AB 202 – Play Date |  |

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| --- | --- |
| **Production Staff** | **Talents** |
| 1 |  |
| 2 |  |
| 3 |  |
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| 22 |  |
| 23 |  |

Contribution per production staff member: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Breakdown of Expenses: