

Totowa Borough Public Schools

Washington Park School

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Patricia Capitelli
Chief School Administrator

David Bower
Principal

WILLY WONKA PERMISSION FORM

March 2019

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
4 First & Second Act Run Through Main Cast Groups 1 & 2, Matilda, James, & Sophia Cafeteria 3:30-5:30	5 First & Second Act Run Through Main Cast Groups 1 & 2, Matilda, James, & Sophia Gym 3:30-5:30	6 Oompa Loompa Choreography ALL CAST MEMBERS Gym 3:30-5:30	7 Songs & Dances Run Through ALL CAST MEMBERS Cafeteria 3:30-5:30	1	2
11 Full Run Through Full Ensemble Gym 3:30-5:30	12 Full Run Through Full Ensemble Gym 3:30-5:30	13 Full Run Through Full Ensemble Gym 3:30-5:30	14 Full Run Through Full Ensemble Gym 3:30-5:30	15	16 TECH REHEARSAL ALL CAST AND STAGE CREW MEMBERS 9:00AM-1:30PM
18 Full Run Through ALL CAST AND STAGE CREW MEMBERS Gym 3:30-5:30	19 Full Run Through ALL CAST AND STAGE CREW MEMBERS Gym 3:30-5:30	20 Full Run Through ALL CAST AND STAGE CREW MEMBERS Gym 3:30-5:30	21 Full Run Through ALL CAST AND STAGE CREW MEMBERS Gym 3:30-5:30	22	23 DRESS REHEARSAL ALL CAST AND STAGE CREW MEMBERS 9:00AM-1:30PM
25 Full Run Through ALL CAST AND STAGE CREW MEMBERS Gym 3:30-6:00	26 Full Run Through ALL CAST AND STAGE CREW MEMBERS Gym 3:30-6:00	27 MATINEE PERFORMANCE!! 1:30PM	28 PERFORMANCE TIME!! Main Cast: 5:30 All Cast: 6:15 Show: 7PM	29 PERFORMANCE TIME!! Main Cast: 5:30 All Cast: 6:15PM Show: 7PM	30 PERFORMANCE TIME!! Main Cast: 5:30 All Cast: 6:15PM Show: 7PM

WILLY WONKA REHEARSAL AND PERFORMANCE PERMISSION FORM

I give permission for my child, _____, to participate in Spring Musical rehearsals and performances from March 4, 2019 to March 30, 2019. I understand that all rehearsals and performances are **mandatory**. I hereby authorize the Totowa School District and its faculty members in charge of my child to obtain all necessary medical care and further authorize any licensed physician and/or medical personnel to render all necessary medical treatment. I understand and agree to the rehearsal and performance expectations/schedule. **RETURN THIS PERMISSION FORM BY MARCH 1st.**

My child's means of transportation on the day of rehearsal is as follows:

My child will be a walker: _____

My child will be transported by: _____

Parent/Guardian (print name) _____

Parent/Guardian Signature _____

Telephone number where we may contact you on your child's rehearsal dates _____