

FACSIMILE TRANSMISSION

Return Fax

To: Sue Rix
Acting Dance Coordinator
Fax: 9569 6878



From: _____

School: _____ **Date:** _____

New South Wales Public Schools State Dance Festival 2009

Production Team Nomination Form

Closing date for Production Team applications: Friday 8 May, 2009

Teacher _____
(First Name) (Surname)

School: _____ **Region:** _____

Address: _____ **Postcode:** _____

Phone: _____ **Fax:** _____

Home address: _____ **Postcode:** _____

Phone: _____

Teacher's Signature _____ **Date:** _____

Principal's Signature _____ **Date:** _____

Production experience and training:
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.....
.....
.....

Production Team Members will be on duty from 8.00am to 10.30pm each day.
Preference will be given to applicants who can be involved for the entire festival.

**Please note: This application must be received no later than Friday 8 May, 2009.
Late or incomplete applications will not be accepted.**