

D.W.D.E. Company Request Form

Name: _____ Date: _____

Date(s)/Time(s) to be requested off:

Day: _____ Date: _____ Time: _____

To

Day: _____ Date: _____ Time: _____

Reason: _____

_____ Date: _____

Students Signature

_____ Date: _____

Parents Signature

Approved: _____ Not Approved: _____

I UNDERSTAND THAT MY REQUEST MAY CONFLICT WITH MANADORY REHEARSALS AND/OR CONVENTIONS. I ALSO UNDERSTAND THAT THE CONSEQUENCE OF THIS ABSENCE CAN RESULT IN BEING REMOVED FROM A NUMBER AND/OR COMPANY. THERE WILL BE A \$500.00 FEE IF REMOVED FROM COMPANY AS PERFORMANCE NUMBERS WILL NEED TO BE RECHOREOGRAPHED