

Rehearsal/Recital/Pictures Conflict Form

*Please use a separate form for each cast if you are involved in both!

*Please use a separate form for each student if their conflicts are different.

Student Name _____ Parent Name _____

Phone# _____ Email _____

Class	Class ID#	Day/Time	Teacher

Circle Cast: Yellow Blue

Conflict Day/Date: _____ Time of Conflict: _____
(time you are NOT available)

Details: _____

Conflict Day/Date: _____ Time of Conflict: _____
(time you are NOT available)

Details: _____

Conflict Day/Date: _____ Time of Conflict: _____
(time you are NOT available)

Details: _____

Miss Amy will do her best to accommodate conflicts. Please only submit conflicts for events that are not flexible. Thank you for your help and prompt submission.

For Office Use: Teachers Copied _____