

CUMBRIA COUNTY COUNCIL

NOTIFICATION OF A PERFORMANCE UNDER BODY OF PERSONS APPROVAL

Name of Venue:	
Name of Production:	
Name of Group:	
Dates and Time of Production:	

Name of Authorised Chaperones Present:	Date Present:	Expiry date of Licence:	Name of Authority Approving Chaperone:

Number of Authorised Chaperones Present per Performance:

Date:	Signature (Body of Persons):
Name (please print):	
Contact No:	
Address:	

Date:	Signature (Producer):
Name (please print):	
Contact No:	
Address:	

**Please return completed form to:
 Laura Brown, Children's Services, Tangier Street, Whitehaven, CA28 7UW**

