

THIS FORM MUST BE COMPLETED AND RETURNED TO THE ABOVE ADDRESS AT LEAST 21 DAYS PRIOR TO THE EVENT

BODY OF PERSONS
APPLICATION FOR AUTHORISATION
CHILDREN AND YOUNG PERSONS ACT 1963 (SECTION 37(3)(b))

1. Name of Organisation: _____
2. Details of person in the above organisation who is responsible for producing the event.
Full Name: _____
Address: _____
_____ Post Code: _____
Home Tel No: _____ Work Tel No: _____
3. Details of a second person in the same organisation who is also responsible for producing the event.
Full Name: _____
Address: _____
_____ Post Code: _____
Home Tel No: _____ Work Tel No: _____
4. Details of Performance
 - i. Title: _____
 - ii. Venue: _____
 - iii. Date(s): _____
 - iv. Start Time: _____
 - v. Finish Time: _____
 - vi. **Please complete reverse of this form with the details of each child taking part in the performance.
The details must include every child's full name, address, date of birth and school they attend.**
5. Are there sufficient appropriate adults who will look after the children's welfare and well being during rehearsals and performances:

YES / NO (please delete one)

If "YES" please state the number of adults: Male: _____ Female: _____
6. If your organisation is one which must appoint matrons approved by Oldham Council to look after children you must attach names and addresses of those matrons.
(If you are unsure about this please contact the Licensing Officer)

Signature: (of person at 1): _____ Date: _____

Signature: (of person at 2): _____ Date: _____

