

NAME OF SCHOOL:

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## NAME LIST OF PARTICIPANTS

Please email form to admin@lefra.com

According to the Safety Rules, Lefra Productions must have the parents' contact details available. It will only be used in accordance with the POPIA legislation and only in emergencies.

NAME OF REVUE:						
NAME	SURNAME	GRADE	AGE	PARENT   E-MAIL	PARENT   CEL	
·						

SCHOOL STAMP						
SIGNATURE: ORGANISER		DATE				
I hereby declare that the disqualified.	information as reproduce	ed above is corre	ect. NOTE: If an	y dishonesty is dis	scovered, the revue will	be immediately