

**Please complete this information sheet and submit with your Opening Session outline.**

Thank you. Alice and Diane

Name:

Position:

Contact Information:

Phone:

Email:

Minimum number of children necessary:

Maximum number of children that could be included:

Do you have students that you would like included? Yes  No

If yes, how many?

What ages?

If selected, would you be willing to co-ordinate/direct the Opening Session? Yes  No

Please share a short description of your Opening Session:

Be advised. **AV equipment and lighting will be very basic.** Do not think in terms of a chance for glitz and glamour!