9th June 2017

Dear Parent/Carer

**Tavistock Carnival Procession Saturday 15th July**

The Tavistock Carnival is almost upon us again. This year the theme for the carnival is ‘Heritage, myths and legends’ and in keeping with this we will be creating a mining scene, where we will dress up like the tin miner that Tavisotck is famous for.

The Carnival Procession is on Saturday 15th July and we are hoping to get as many children and family members as possible to be involved this year. As we were awarded with the prize of best in procession two years ago and we were awarded best in our category last year. Now we want to go bigger and bolder than ever before.

**If your child/children would like to take part in the procession** **please complete and return the reply slip below as soon as possible, as it is important to know how many costumes and props we will need to make**.

We really do hope you will be able to join in and be involved as it is a fun way to round off the school year. Please be aware that any children from nursery and/or reception classes will need to be accompanied be an adult during the procession.

We are asking Year 6 pupils to come along on a Thursday to help assist the adults in preparing and making costumes and props then please come along to the carnival meetings in Mr Holt’ room after school on Friday’s starting this Friday 16th June – the more Year 6 pupils the better, we have a lot to do.

Yours sincerely

C Holt

**To Mr Holt, Tavistock Community Primary School**

**I give permission for my child to attend the after school workshops taking place on Friday 16th, 23rd and 30th June, 7th & 14th July. The workshop will finish at 4.30pm. Please tick the box**

I also give permission for my child/children to take part in the Tavistock Carnival possession on Saturday 15th July 2017.

Signed by Parent/Carer…………………………………………………….

Dated…………………………………………………………………………

Please confirm how many of your children will be taking part

**Please can you also complete the following in respect of your child/children for this activity:-**

Child’s/Children full name(s) & class number(s):- ............................................

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Address...............................................................................................................

Dates of birth(s)..................................................................................................

Doctors Surgery..................................................................................................

Does your child/children need any medication during the event? (e.g inhalers)

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