

LINEA Rehearsal Conflict Notification Form (Please Print)



Name _____ Date _____

Contact Phone Number (____) _____

Email Address _____

Date(s) of rehearsal conflict _____

Explanation _____

REMEMBER, IT IS YOUR RESPONSIBILITY TO INFORM THE STAFF OF A CONFLICT
WELL IN ADVANCE PER THE MEMBER AGREEMENT.

OFFICE USE ONLY _____

APPROVED BY: _____ DATE _____

RECEIVED: _____