



Thursday, May 8<sup>th</sup>, 2025

Dear Parents,

It is our great pleasure to cordially invite you to our East Hill Annual Music Concert performance featured by our Grade 3, 4, 5 and 6 students.

**EAST HILL MUSIC CONCERT 2025**

**Wednesday, May 28<sup>th</sup>, 2025**

**@ 6:30 p.m.**

**Rosemount High School**

*3737 Rue Beaubien E, Montreal H1X 1H2*

To ensure space capacity for all parents, **each family** (not each student) will be given a **maximum of two tickets**. Any younger sibling(s) that attend East Hill will be given a complementary ticket to attend the event. **A \$5.00 contribution per family is requested.**

**Requirements:**

- We require all students to come dressed in school uniform.
- Students performing need to arrive at the Rosemount High School main entrance door at **6:00 p.m. sharp**.
- Parents will be permitted to enter the main entrance at **6:30 p.m.** where tickets will be collected.

Our students have been working with a lot of enthusiasm in preparation for their concert and have made enormous progress throughout the school year. Therefore, we ask that all guests enjoy the concert and stay in the auditorium until the end.

We are looking forward to seeing you all there!

Kind Regards,

East Hill Administration

Please fill out the bottom portion and return by **Friday, May 16<sup>th</sup>, 2025.**

EAST HILL MUSIC CONCERT @ ROSEMOUNT HIGH SCHOOL

Wednesday, May 28<sup>th</sup>, 2025

Full Name of Student: \_\_\_\_\_

Class: \_\_\_\_\_

☐

Unfortunately, I cannot attend the Music Concert. Therefore, I do not need any tickets.

☐

I will attend the Music concert. I will need two adult tickets. I have included my \$5.00 contribution.

☐

I will attend the Music concert. I will only need 1 adult ticket. I have included my \$5.00 contribution.

☐

I have younger children that attend East Hill and would need a complementary ticket(s).

Full Name of sibling: \_\_\_\_\_

Class: \_\_\_\_\_

Full Name of sibling: \_\_\_\_\_

Class: \_\_\_\_\_

Full Name of sibling: \_\_\_\_\_

Class: \_\_\_\_\_

Total number of tickets needed:

Adults: \_\_\_\_\_

Siblings: \_\_\_\_\_

Name of Parent: \_\_\_\_\_

Signature of Parent: \_\_\_\_\_

Please complete and return to your child’s homeroom teacher by:

**Friday, May 16<sup>th</sup>, 2025.**