



2016-2017 TALENT SHOW

AUDITION FORM



**SHOW US YOUR ACT (2-MINUTE MAXIMUM)
THE WEEK OF SEPTEMBER 12!**

Please return this form to your child's teacher
or to the designated envelope in the front office **no later than SEPTEMBER 5.**
Watch your EMAIL for your audition date and time. PLEASE PRINT CLEARLY.

Student _____ Grade ____ Teacher _____

Parent Name _____ Parent Signature _____

Parent Email _____ Parent Phone _____

Type of Act (song, dance, instrument, etc.) _____

Name of Song or Music (if known): _____

Other Students in Group (A SEPARATE FORM for EACH CHILD must be attached):

Auditions: Tuesday, **September 13** (2:15-4:30) and Thursday, **September 15** (1:00-3:00)

Rehearsal (required): Thursday, **October 6** in 2 groups (1:00-2:15 and 2:15-3:30)

Dress Rehearsal (required): Thursday, **October 13** in 2 groups (1:00-2:15 and 2:15-3:30)

Showtime (in 2 Acts): Thursday, **October 20** (5:00-9:00 pm)

I give permission for my child to be photographed and videotaped during the Talent Show
(DVDs will be available for pre-order: form to follow)

Parent Volunteers are required to make our school talent show a success!
You must be assigned a committee in order for your child to participate.
Please indicate your interest below. Thank you for your help!

<input type="checkbox"/> Set Creation (assist Designer)	<input type="checkbox"/> Rehearsals	<input type="checkbox"/> Bake Sale
<input type="checkbox"/> Photography	<input type="checkbox"/> Programs	<input type="checkbox"/> Flowers
<input type="checkbox"/> Event Set Up	<input type="checkbox"/> Event Night Help/Takedown	<input type="checkbox"/> Ticket Sales

Questions?

Please contact Vera Jacobs: vera.jacobs@manageitnetworks.com or Megan Ervoes: meganervoes@cox.net
We're looking forward to working with your children! Please check your email for more important information.