

TALENT SHOW PERFORMERS WANTED

Thursday, January 16, 6pm @ Chapman Auditorium

Share your talent with your school, family and friends on stage! If you can PLAY an INSTRUMENT, SING, DANCE, PERFORM gymnastics, recite a poem, juggle, or have another talent you would like to share, APPLY NOW ! (*Please no lip-synching performances*)

1. Every performer (individual or group) has a time limit of 2-3 minutes or less to perform. Each student may only participate in ONE act. Please TIME your performance exactly and note below.
2. Due to time constraints, only the first 20 approved acts will be accepted. Complete this form and email it to chapmantalentshow@gmail.com or turn in to the PTA box in the office. **APPLICATION DEADLINE IS WED. JAN 8.**
3. List ALL group performers on ONE SHEET.
4. Sign up for a preferred time slot.
5. Parents, please assist in filling out the form neatly and with accurate information and spelling of names. PARENT SIGNATURE REQUIRED ON ALL PRINTED APPLICATIONS.

In the interest of creating a Variety Show, we will require each musical act to have a unique song. In the case of multiple acts wanting to use the same song, the first completed application with a song request will be honored. Subsequent applications will be asked to select an alternative song. Look for an email verifying the time block for your child's performance. We will do our best to honor your 1st or 2nd time choice.

[Note to parents: Please monitor the appropriateness of the act or song performed. No acts containing suggestive language, intimations of violence, references to illegal substances or activities will be permitted. The Talent Show Committee has the exclusive right to reject an act that does not comply with these terms.]

TALENT SHOW PERFORMANCE APPLICATION

NAME(S) of ALL PERFORMERS (First and last names): _____

GRADE LEVEL and TEACHER: _____

TYPE/CONTENT OF PERFORMANCE: _____

IF PERFORMING A SONG, PLEASE SHARE ITS NAME AND ARTIST:

If you would prefer the earlier or later block of time, please indicate here:

6:30-7:15 PM 1st Choice 2nd Choice No preference

7:25-8:00 PM 1st Choice 2nd Choice No preference

BEST PARENT CONTACT NAME: _____

BEST CONTACT PHONE NUMBER: _____

CONTACT EMAIL: _____

PARENT SIGNATURE (if printed): _____