



END-OF-THE-YEAR TALENT SHOWCASE

Audition Registration Form

Student Name: _____

Teacher and Grade: _____

*Group Information (if applicable):

Group Name: _____

Other Group Members: _____

Parent Information (for notification of audition results):

Parent Name: _____

Phone Number: _____

Email Address: _____

Circle the category of your act:

SING DANCE PLAY INSTRUMENT OTHER

Title of Musical Act: _____

**All music must be emailed in digital format to the music teacher at rshealy@savcps.com.*

Props included in act: _____

Describe your act: _____

Equipment needed: _____

Parent Statement of Understanding

I /We understand the following:

1. I/We have previewed and approve of the act my child will present.
2. Not all acts will make it into the show (for a myriad of reasons).
3. Our child will be listened to, cared for, loved, and encouraged during the entire audition process, no matter the outcome.

Parent Signature: _____ Date: _____