

Group Members (no more than 8) _____

Audition Preference (Please rank in order of preference, 1 = 1st choice, 2 = 2nd choice, 3 = 3rd choice)

Parent Signature: ____

_____ Wed, Jan 22nd 1:45 – 3:45pm _____ Thu, Jan 23rd 3:15 – 5:15pm _____ Fri, Jan 24th 3:15 – 5:15pm

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Parent Name:

Phone: ______ Email: _____ Student's Teacher/Homeroom Advisor: _____

RULES OF PARTICIPATION

- 1. ALL PARTICIPANTS MUST BE STUDENTS/PARENTS OF
- 2. TALENT ACTS MUST BE LESS THAN 2 MINUTES.
- 3. GROUP ACTS ARE ENCOURAGED. NO MORE THAN 8
- 4. ALL SCHOOL RULES APPLY. PROPER LANGUAGE, CONTENT AND GESTURES ARE MANDATORY AT ALL TIMES AND COSTUME/ATTIRE MUST BE APPROPRIATE.
- 5. STUDENTS MUST BRING THEIR OWN MUSIC.
- 6. EACH STUDENT CAN ONLY PERFORM IN 1 ACT.
- 7. ACTS WILL BE EVALUATED BY FACULTY/STAFF FOR ABILITY, CREATIVITY, PRESENTATION AND ENTERTAINMENT VALUE.
- 8. NOT ALL AUDITIONS WILL BE SHOWCASED IN THE TALENT SHOW DUE TO TIME CONSTRAINTS AND