

CCS TALENT SHOW AUDITION REQUEST

FORM TO BE TURNED INTO THE OFFICE

By February 24th

NAME _____

TEACHER _____

PARENT PHONE NUMBER and EMAIL _____

TALENT _____

GROUP or INDIVIDUAL (circle one)

If group.....list the members

What SOUND needs do you have? (how many mics, amps, instruments, etc... If playing an instrument, what will you be providing?)

How long is your performance? EXACT time needed.

*You may be in two performances. No more than two. Must fill out one form for EACH performance.

**If we end up with too many solo acts for the time allotted, we will contact all of the solo acts and see if we can combine any to make spectacular group acts!

Parent Signature
