

Round Valley School Talent Show

2016 REGISTRATION FORM/CONTRACT - PLEASE READ IN ENTIRETY

Show Date: **Thursday, April 21** Time: **6:30 PM - 9:00 PM** Place: **Clinton Township Middle School**

REHEARSAL SESSIONS AND MUSIC REQUIREMENTS:

- **Monday, 4/18: AT CTMS: 3:00 - 5:00 PM OR Wednesday, 4/20: AT CTMS: 5:00-7:00 PM (choose one)**
- All participants **MUST** attend **ONE** of the dress rehearsal sessions. Students who do not attend will not be able to perform in the show on Friday. ****illness excluded***
- In the event of early dismissal or school closing, rehearsal will be cancelled and rescheduled. Children will be sent home according to their normal schedule for that day of the week.
- Send **EDITED MUSIC** in an **MP3 Format** electronically (i.e., Google Drive) to **crush562@aol.com** by **Friday, April 8th**. **NO CD's!!!!**

ACTS:

- 1 ACT per student, 1 SLIP per act handed in to RVS Office (**Act Must be Age Appropriate for the audience**)
- **2 minute time limit per ACT - please have music stop at or near time limit**
*****DUE in an MP3 Format to crush562@aol.com by April 8th*****
- Show participants need to provide their own props. The following items can be provided upon request: ***gym mats, piano, chairs, desk, music stands, microphones***

Show Coordinator: Chris Rush

Contact: crush562@aol.com for additional information. **Parent and Student VOLUNTEERS NEEDED!!!!**

NOTICE: By signing below, you as the CONTACT PARENT are agreeing to assist and support your ACT with creating, practicing, and preparing for their act. You are also agreeing to make sure your ACT is prepared on the day of rehearsal with **finished act, props, edited music in by 4/8/16, and anything else necessary to make this experience a success for the ACT!**
Registration closes on Monday, April 4th-no exceptions!

DUE DATE: April 4th— Registration Form/CONTRACT for RVS Talent Show 2016

Child's name _____ Grade _____ Teacher _____

ACT CONTACT Parent's Name _____ Phone# _____

E-Mail address: _____

Emergency Contact Name and # _____

Description of ACT/Song Title _____

Names/Grades of All Children in ACT _____

PROPS Required _____

Select **ONE** Rehearsal your ACT will attend: _____ Mon. 4/18, 3 - 5 PM **OR** _____ Wed. 4/20, 5 - 7 PM

CONTACT Parent Signature: _____