

# The 4<sup>th</sup> Annual Edna Maguire Variety Show

## Sign-up and Permission Form

Student Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Parent's cell phone \_\_\_\_\_ E-mail address \_\_\_\_\_

Teacher \_\_\_\_\_ Room # \_\_\_\_\_

Type of Act: \_\_\_\_\_

Act Title for the Program: \_\_\_\_\_

\*List name(s) of other performers in act, if applicable, on back of form.

Props or other special needs: \_\_\_\_\_

Music: Title of Song & Artist/band name: \_\_\_\_\_

\* if using a CD please label with name of act, which tract to be used, and any other special instructions. Please provide a copy by the first rehearsal date.

Please specify if you need musical accompaniment in your act: \_\_\_\_\_

Other jobs available for 4<sup>th</sup> and 5<sup>th</sup> graders: (Please check if interested)

( ) *Announcers* ( ) *Host & Handing out Programs* ( ) *Refreshment Sales* ( ) *Stage Hands*

**Auditions are mandatory.** Thursday, March 20<sup>th</sup> 3:00 – 5:30 pm, Multipurpose Room.

Please mark ALL audition times you are available.

( ) 3:00-3:30 ( ) 3:30-4:00 ( ) 4:00-4:30 ( ) 4:30 – 5:00 ( ) 5:00 - 5:30

Please specify on the sign-up form if your child has time constraints for auditions and, or rehearsals.

I have agreed to abide by the guidelines and will attend auditions, at least 3 rehearsals, the dress rehearsal, and the show. (student signature): \_\_\_\_\_ date: \_\_\_\_\_

I, \_\_\_\_\_ parent/guardian of the above have read and agree to abide by the guidelines of the Variety Show Committee. I have read the criteria listed on the cover page and have discussed them with my child. My child has permission to participate in the Variety Show. My child will attend auditions, at least 3 rehearsals, the dress rehearsal, and the show.

date: \_\_\_\_\_

Any questions, please call Jody Branham: 388-1282 or Stephanie Lynde: 381-4930

List name(s) of other performers in act if applicable on:

1. \_\_\_\_\_ 2. \_\_\_\_\_

3. \_\_\_\_\_ 4. \_\_\_\_\_

5. \_\_\_\_\_ 6. \_\_\_\_\_

7. \_\_\_\_\_ 8. \_\_\_\_\_