

■

TALENT SHOW REGISTRATION FORM

Orlando's Best Competition!

Sunday, March 29, 2020

671 Winyah Drive Orlando FL, 32803

Return form no later than March 27, 2020 to
Orlandosbest@my.ahu.edu

1. This registration is for (check one):

a. Individual Entry _____

b. Group Entry _____

Only one member of the group should complete the form, but each partner must have a parent-signed permission slip on the next page.

Participant name (if Group Act, you must list all Participants here)

Name Participant Email Home Phone

1. _____

2. _____

3. _____

4. _____

(Please print VERY clearly! DO NOT an e-mail address that you do not check often.)

2. Type of Talent (check one category):

Song _____ Dance _____ Spoken Word _____ Other _____

Other (please specify below)

3. Title of Performance (or Group Name) _____

4. Brief Description of Act (Dance, Musical act, Vocal, Spoken word, etc.):

5. Will performance include props? Yes _____ No _____

- If yes, please explain in space below (i.e., 2 tables, 1 chair, piano, music stand)
- Special setup or arrangement required? Yes _____ No _____

(If you have any special needs or requests not listed on this form, please be sure to note that here in detail.)

6. PLEASE SIGN UP FOR ONE OF THE TWO TRY-OUT TIMES [Begins at 9AM]

March 29th 9AM-12PM

March 29th 1PM-5PM

Rules:

- For auditions, it will be a cappella.
- The length of the act should not be more than 3 minutes.
- All performances MUST follow appropriate language, dress code, and music choice. Any inappropriateness may disqualify an act at the show and is up to the discretion of the talent show committee and administration.
- If advanced, you are expected to attend Round 2 the following Saturday as directed by the committee. Dates below:
- **Event date – 3/29/2020 Round 2 – 4/4/2020 Finale 4/18/2020**
- **Rehearsal dates if advanced: 4/11/2020 7pm and 4/18/2020 5:30pm**

Parent or Participant Signature(s) required for each group member. This acknowledges that all parties understand and consent to the above stated rules and their child's participation in the Talent Show if underage.

(Participant signature)

(Parent signature If under 18)

(Participant signature)

(Parent signature If under 18)

(Participant signature)

(Parent signature If under 18)

(Participant signature)

(Parent signature If under 18)

Please re-check the form to ensure that you have answered all questions.
Please Note: YOU MUST CONTACT THE COMMITTEE if you do not receive any correspondence verifying receipt of your registration form by March 7, 2020.

Thank you.

Committee Member: Bruce Suarez

1. Bruce Suarez	321-578-8113	Orlandosbest@my.ahu.edu
-----------------	--------------	-------------------------

Parents interested in assisting with the talent show, please complete the following:

Name _____ Cell # _____ Email _____

REMEMBER TO SUBMIT THIS COMPLETED FORM, INCLUDING YOUR CHOICE OF TRY-OUT DATE By, March 27, 2020.