

Friday, February 1, 2019

Dear Parent(s),

The long awaited Elementary Talent Show will be held on **Friday, March 15th at 6:00 PM** **in the CAC**. We are encouraging the students to present individual or group original acts for the talent show. If students do not adhere to the following expectations, they will be asked not to participate in the show.

Students may participate either in: 1 solo act, or 1 solo act and 1 group act, or 2 group acts (group members must be different). **Students may only sign up for maximum of two acts.**

* **The act may only be up to 3 mins long**. This means that if the music goes longer, the student will need to determine where to stop. (*Depending on how many acts sign up, the timing may need to be limited to 2:30 mins or less.*)
* **Music/Songs used must be appropriate for all audiences**. Any music with questionable language will not be allowed. For some routines, perhaps consider music with no lyrics.
* **Participants need to arrive approximately 20 minutes before the show begins** in order to find their place. The CAC will not be open to the public until 5:45. Only students participating will be allowed in early.
* **PERMISSION SLIPS** **are due to Ms. Sherman by Thursday, February 7. No** permission slips will be accepted after this date.
* **PARENTS-NIGHT OF SHOW**: please be sure to keep children who are not participating with you at all times who are not involved with an act. The area in front of the stage will be blocked off to prevent distractions and interruptions to the acts.
* **AUDITIONS WILL BE HELD THE WEEK OF FEBRUARY 25TH – MARCH 1ST at recess time. More information to come.**

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**Please fill out the following with first and last name of students participating:**

**STUDENT’S NAME**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **GRADE**:\_\_\_\_\_\_

1. TYPE OF ACT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_SOLO or GROUP
2. TYPE OF ACT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_SOLO or GROUP

NAME & GRADE OF OTHER STUDENTS IN THE ACT (First & Last Name, & grade)\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PARENT SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**RETURN PERMISSION AS SOON AS POSSIBLE, NO LATER THAN FEB. 7TH**