



2018

ALANSON PUBLIC SCHOOLS

All Ages Welcome!

Show Us Your Talent

# Talent Show Entry Form

Name: \_\_\_\_\_

Contact information: \_\_\_\_\_

(phone number and email address)

Type of act (pick one):      Individual      Group

Name of Act (optional): \_\_\_\_\_

Groups: Please list all names of who will be on stage:

I have read the attached rules and agree to follow all rules of participation. I understand that if my act is not approved by March 12, 2018 I will not be able to participate. In the event that I cannot perform on March 16, 2018 I will contact Alanson Public Schools as soon as possible.

\_\_\_\_\_  
(signature, if a student then parent or guardian signature is required)

\_\_\_\_\_  
(date)

On behalf of the Alanson Public Schools Performance Club– Thank you for participating!