

# Round Valley School Talent Show

(Sponsored by the Clinton Township PTA)

## 2017 Registration Form/Contract – PLEASE READ IN ENTIRETY

Show Date: Thursday, April 6, 2017

Time: 6:30 PM - 9:00 PM (Doors Open at 6)

Place: Clinton Township Middle School

Admission: \$2 per person, \$5 per family

Show Coordinator: Chris Rush ~ [crush562@aol.com](mailto:crush562@aol.com)

### REHEARSAL SESSIONS AT CTMS:

- Monday, April 3: 3:00 – 5:00 PM **OR** Tuesday, April 4: 5:00-7:00 PM **\*\*\*AT CTMS\*\*\***
- All participants **must** attend **one** of the 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.
- EMAIL an **EDITED AUDIO** version (no CD's or tapes) to [crush562@aol.com](mailto:crush562@aol.com) by **3/29** at **5 PM**.
- ACTS: 1 ACT per student / 2 MINUTE TIME LIMIT per ACT **\*\*\*AUDIO DUE WEDNESDAY, 3/29\*\*\*****
- Lyrics of Songs Must be Age Appropriate for the audience**
- Show participants need to provide their own props. The following items can be provided upon request: ***gym mats, piano, chairs, desk, music stands***

**NOTICE:** By signing below, you as the parent are agreeing to assist and support your child with creating, practicing, and preparing for their act. You are also agreeing to make sure your child is prepared on the day of rehearsal with finished act, props, edited Audio handed in by 3/29/17, and anything else necessary to make this experience a success for them! **Registration closes on Friday, 3/24/17.**

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Registration/Contract for RVS Talent Show 2017 - **RETURN FORM TO RVS BY March 24th**

Child's Name: \_\_\_\_\_

\_\_\_\_\_ Grade \_\_\_\_\_ Teacher

Parents Name: \_\_\_\_\_ Phone#: \_\_\_\_\_

E-Mail address: \_\_\_\_\_

Emergency Contact Name and #: \_\_\_\_\_

Description of ACT/Song Title: \_\_\_\_\_

Names of All Children in ACT: \_\_\_\_\_

\_\_\_\_\_

PROPS Required: \_\_\_\_\_

Select **ONE** rehearsal your child will attend: \_\_\_\_\_ Mon., 4/3 from 3 - 5 PM **OR** \_\_\_\_\_ Tues., 4/4 from 5 - 7 PM

Parent Signature: \_\_\_\_\_

\_\_\_\_\_ I am interested in volunteering to help the day/night of the show.

*The attached information is being distributed by the Clinton Township School District at the request of the organization. The District's distribution of this literature is a purely a courtesy to our parents and students and is not an endorsement by the District.*