

## HOLY TRINITY CATHOLIC SCHOOL ANNUAL TALENT SHOW May 17, 2024 \* 1:30 PM

APPLICATION TO PARTICIPATE IN THE TALENT SHOW – OPEN TO ALL GRADES

| Student Name:  |                 |                   | Grade                            |
|--|-----------------|-------------------|----------------------------------|
|  |                 |                   |                                  |
| 1. Will the student be doing a solo act?   | YES             | NO                |                                  |
| 2. If the student is performing with other stude <b>one form per group needed</b> ):           | ents, please li | st the names of t | the other students ( <b>only</b> |
|  |                 |                   |                                  |
| 3. Please describe what the student/students will be doing:                                    |                 |                   |                                  |
|  |                 |                   |                                  |
| 4. Approximately how long will the performance   | ce be?          |                   | _ (MAXIMUM 5 MINS)               |
| 5. If music will be used, the MUSIC and PRINTED LYRICS MUST be submitted with this application |                 |                   |                                  |
|  |                 |                   |                                  |
| Parent Signature:  |                 |                   |                                  |
|  |                 |                   |                                  |

## RETURN THIS FORM BY MAY 2 WITH MUSIC and LYRICS IF APPLICABLE. NO REGISTRATIONS, MUSIC, OR LYRICS WILL BE ACCEPTED AFTER MAY 2. NO EXCEPTIONS!