

**W  
e  
s  
t  
o  
n  
  
M  
a  
y  
  
T  
a  
l  
e  
n  
t  
  
S  
h  
o  
w  
  
E  
n  
t  
r  
y**

It's that time again – time for the annual Weston Talent Show. Students who wish to participate must have this form completed and signed by parents in order to perform.

Tryouts will take place as follows: K – 1<sup>ST</sup> GRADE on TUESDAY, MAY 3<sup>RD</sup>, 2<sup>ND</sup> GRADE on THURSDAY, MAY 5<sup>TH</sup>, and 3<sup>RD</sup> GRADE on TUESDAY, MAY 10<sup>TH</sup> from 2:15 p.m. to 3:00 p.m. in the gym. *If there is a schedule conflict, please e-mail Mrs. Bennett (sbennett@gcsc.k12.in.us) or Mrs. Flanagan (hflanagan@gcsc.k12.in.us) by Wednesday, April 20<sup>th</sup>.*

- \*\*\*CDs must be originals, as copies do not work well on our sound system.
- \*\*\*Parents and students must supply a copy of the lyrics used with all singing acts. Please attach a copy of the lyrics to the form below.
- \*\*\* Students may only try out for one act (except for whole classroom acts.) No lip-sync acts or roller blading/skating acts will be permitted in the show.
- \*\*\*If several students have chosen the same song, they may be placed in a group act.

Thank you,  
Mrs. Bennett and Mrs. Flanagan

(Sign and return bottom portion only)

-----  
Student's Name: \_\_\_\_\_

Grade: \_\_\_\_\_ Teacher's Name: \_\_\_\_\_

I am interested in being in the talent program on May 27, 2016.

Check One:

My act is by myself (individual).

My act is with others (group).

List all members of the act: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

In my act, I (We) will be: \_\_\_\_\_  
\_\_\_\_\_

Please fill out this form and return it to your teacher by **FRIDAY, April 22<sup>nd</sup>. NO EXCEPTIONS**

Check how your child will be going home on the tryout afternoon assigned to them.

My child will walk home.

I will pick my child up at Weston by 3:00 p.m.

Other: (Please specify) \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent or Guardian (form must be signed)

Parent email for notification purposes \_\_\_\_\_