LIGHTS, CAMERA, ACTION!

BE A PART OF THE 15TH ANNUAL SANTIAGO HILLS TALENT SHOW!!!

Thursday evening, May 18

Details

- Make sure you thoroughly complete the ***BACK OF THIS FORM***
- Try-outs will be held **Wednesday, April 19,** during the school day.
- **Please return this entire form to your classroom teacher no later than Friday, March 31.**
- ***Any group acts*** (more than 1 student) **must list the first and last name of every member on the back of this form.** EVERY member of the group must complete and return a form.
- Questions? Please email Mr. Colbert: Greggcolbert@iusd.org

Rules

1. 4 minutes maximum
2. Must be school appropriate
3. No more than 10 people in one act. Only exception is if an entire class performs
4. Act must be approved by teacher committee
5. **Must prepare and rehearse act outside of school prior to try-outs.**
6. Nothing dangerous
7. Can only be in one act (unless you're in a class act)
8. If your act involves music you must bring in an iPod/iTouch/iPad or MP3 player with the song ready to go. Absolutely no CD's or Flash Drives.
9. Please be aware::
    a. **Group Dances, Singing, and the Piano are the three most popular acts performed at auditions. We will pick a LIMITED number of acts in each of these categories.**
10. Want to have a better chance of making it? The more unique your act, or anything outside of the three categories listed above gives you a better chance.
11. Suggestions: magic, comedy skit, stand-up comedy routine, juggling, a group of musicians playing different instruments, and jump rope tricks are just a few ideas.

****Complete the back of this form****

YOU MUST COME TO SCHOOL ON WEDNESDAY, APRIL 19, PREPARED TO PRESENT YOUR ACT. BRING ALL ITEMS YOU NEED FOR YOUR ACT (INSTRUMENT, iPod, PROPS, COSTUMES, ETC.)

First and Last Name _____ Teacher _____

Type of Act (circle) Singing Instrumental Dance Skits Other

If instrumental, what instrument? _____

If *Other* is circled, describe here: _____

Individual or group act (circle one) Individual Group

If you circled individual, you are finished completing this form. Please return to your teacher.

If you circled Group, list ALL names of group members below.

First and last name _____ Teacher _____

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