C.A.P.E.

Central Association of Parents and Educators Wall Township Central School 2007 Allenwood Road, Wall, NJ 07719 wallcape@gmail.com



2025 Central School Lip Sync Show Sign-up (Part 1)

ALL GROUPS MUST SUBMIT TWO SONGS **AND** THE LYRICS - INCOMPLETE FORMS WILL BE RETURNED! Sponsor will be contacted when approved.

December 9th - 13th --5th Grade Group and Song Submission

December 11th - 16th "1st and 3rd Grade Group and Song Submission

In order to make the song selection process fair, submissions are time-sensitive and 5th grade is given priority. Random drawing will be used if necessary.

If you are unsure about a song due to its content, please remember this is an elementary school event with children as young as 5 attending. If in doubt, use a Kids Bop version. When planning costumes and props for Lip Sync, please remember what would be considered **appropriate** for elementary school aged children.

Sponsor's Name:			
Sponsor's Phone:			
Sponsor's Email:			
Number of Students in Group (2-10)			
Names of Students in Group			
SONG SELECTIONS (between 1 min and 30 sec - 1 min and 45 sec): PLEASE ATTACH LYRICS FOR BOTH SONG CHOICES			
1st Choice Song:	Artist:		
2nd Choice Song:	Artist:		

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2025 Central School Lip Sync GROUP PERMISSION SLIP (Part 2)



This permission slip <u>is due after your song has been approved.</u>

Please submit by January 13th.

Sponsor's Name:	
Sponsor's Phone:	
Sponsor's Email:	
Number of Students in Group (2-10)	
Approved Song	
All INDIVIDUAL permission slips fo document.	or EACH performer needs to be attached to this
Student's Name	Parent Name



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2024 Central School Lip Sync

Individual Performer Permission Slip (Part 3)

Dear Parents/Guardians,

We are looking forward to our Lip Sync Performances on Thursday, February 6^{th} and Friday, February 7th. The rehearsals will take place after school on Monday, January 27^{th} and Monday, February 3^{rd} . School attendance is required in order to perform in the shows and rehearsals. Students must attend the rehearsals and the entire performances to participate in the lip sync. Please sign the bottom portion of this permission slip and give it to your sponsor.

Thank you, Mr. Monafis and the CAPE Lip Sync Committee
Student's Name
Grade/Teacher
Lip Sync Group
My child has permission to:
Perform in the Lip Sync Shows on February 6th and February 7th.
Attend rehearsals on January 27th and February 3rd.
Be photographed/videotaped by CAPE.
I understand that my child can not leave the performances early, he/she must stay for the entire show.
Parent/Guardian Signature(s)
Date: