

School Talent Show Registration Form

School Name: _____

Event Date: _____

Location: _____

Participant Information

Student Name: _____

Grade Level: _____

Parent/Guardian Name: _____

Contact Number: _____

Email Address: _____

Performance Details

Category: Solo Group Duet

Talent Type: Singing Dancing Acting Other: _____

Performance Title: _____

Duration: _____

Equipment Needed: _____

Parental Permission & Acknowledgment

I allow my child to participate in the School Talent Show and agree to all terms and conditions.

Parent/Guardian Signature: _____

Date: _____

Participant Agreement

I understand the rules and will abide by all guidelines.

Participant's Signature: _____

Date: _____