

Signal Hill PTA

VARIETY SHOW REGISTRATION FORM

Please return by Friday, February 3rd

Child's Name _____ Grade _____

Child's Class/Teacher _____

Adult Responsible for act* _____

Adult phone #* _____ Adult e-mail _____

*Above information is required. We cannot accept this form without name and information of adult responsible for this act.

Describe the act _____

Name ALL participants in the act _____

Will you have a CD of music to accompany the act? _____

Name of artist and song _____

Approximate length of act _____

MANY OF TODAY'S POPULAR SONGS ARE NOT APPROPRIATE FOR THIS FORUM. PLEASE CHOOSE WISELY! PLEASE BE ADVISED THE VARIETY SHOW COMMITTEE HAS THE RIGHT TO REQUEST A CHANGE IF NECESSARY.

Questions?

Jodi Barish 470-2436

Jodes14170@aol.com

Joanna Morello 425-9668

mahmit1925@aol.com

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