

Your Chance to Shine!

Talent Showcase

October 24, 7-10:30 AM

Audition Application



Name _____

Home Phone _____

Type of Act _____

If singing, it must be your own voice, no lip syncing to a recording of someone else.

Number of people _____

Names of others in your group _____

Sept. 17-19 - Return your application to the downstairs office

Sept. 30 - Auditions held at 2:50 in the MCMS auditorium.

The audition's ending time will be 5PM. Please have a ride home.

A microphone, CD player and piano will be provided.

Please number the time periods that would be best for you on the morning of the breakfast to perform: 1st, 2ⁿ, 3rd, 4th, 5th choice

___ 7:30-8 ___ 8- 8:30 ___ 8:30-9 ___ 9:15-9:45 ___ 9:45-10:15

*****I give permission to my child to attend the after school auditions on September 30 and will provide transportation home from MCMS.

Parent Signature _____

If you have any questions, please call Cheryl Burke at 964-1150.