



## **REGISTRATION FORM**

NAME:..... AGE:.....(if under 18)

CONTACT NUMBER:.....

PARENT/GUARDIAN NAME:..... (If under 18)

WHAT IS YOUR TALENT?.....

OR is there some other way you wish to help? .....

Do you need any help with your performance? ..... YES. NO. (Circle)

(We can arrange for someone to help you with rehearsing if you need it)

Do you need music and what type of format is it on?.....

Do you need anyone to perform with you? (piano player, etc). YES. NO. (Circle)

More Detail. ....

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Have you performed before. YES. NO.

and if YES where?.....

Are you available for the date of performance (SATURDAY NOVEMBER 16<sup>TH</sup>) ALL DAY? YES. NO.

Any other details you might like to add to help us to get you started?

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THANK YOU – LISA AND ALI

