

HOLY SPIRIT SCHOOL
Variety Show Entry Form – 2024

TYPE OF ACT: _____

SONG TITLE/ARTIST: _____

Please Note: *All participants must be enrolled at Holy Spirit School. Depending upon the number of interested participants – students may be limited to one performance.*

	<u>List of Persons Participating:</u>	<u>Grade/Class</u>	<u>Phone #:</u>	<u>Parent's Signature</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____

Length of act (**Not to exceed 2 min.**): _____.

Equipment Needed (provided by participant): _____.

Equipment Needed (provided by Holy Spirit): _____.

Parents are requested to help at the rehearsals or with show set-up – please include a phone number where we might contact you to schedule a time to help (i.e. assisting with 11:45-12:15 rehearsal sessions, making phone calls from home, decorating for show). Thank you!

Parent Name: _____ Phone Number _____ Day _____ Evening _____

Date rec'd: _____ Rec'd by: _____ Act approved: _____

Please return this completed form to the school office by **Friday, April 26th**.