



“Night of Stars” Wading River Elementary

Presented by Idol Entertainment

**It's Your
Time
to Shine**

6th Annual Talent Show

- Each participant in ONE act only.
- To keep it fair we will take the first 55 acts that sign up.
- For WADING RIVER ELEMENTARY students only.
- Songs reserved on a first come first served basis.
- All acts should be no longer than one and a half minutes.
- Please make sure music, lyrics and costumes are appropriate.
- No lip-synching
- Some ideas of acts, but are not limited to dancing, singing, magic, instrument playing, puppets, comedy acts, skits, impersonations, and more.
- Please return sign up form to your child's teacher in an envelope marked *PTA- Talent Show*.
- **PERFORMANCE MEETING**
This allows Idol Entertainment to gather information on the acts.

Please come with just a brief idea of your performance. You do NOT need to have a complete act. You do NOT need to bring music.

During this evening, Idol Entertainment will provide you with the necessary information about how you will receive your music choice (MP3 copy) and answer any questions you may have.

** If you cannot attend the PERFORMANCE MEETING please email me.
- **DRESS REHEARSAL** is mandatory!

Performance Meeting

Tuesday, January 15th

SWR High School @ 6PM

Rehearsal Date

Wednesday, February 27th

SWR High School Time TBD

SHOW DATE

Friday, March 1st

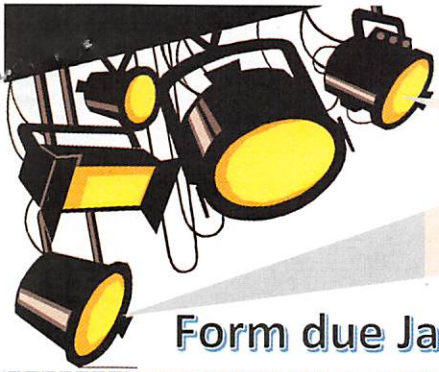
SWR High School

Time TBD

Questions?

Contact Tara Greene
taragreene@optonline.net

Subject the email: Talent Show



“Night of Stars” Wedding River Elementary

Form due January 8

This form is
due by **January 8**
No Exceptions

- Form filled out by a parent only
- Please submit ONE form per group

Act Information

Performer(s) Name(s) & Teacher(s):

Talent or Performance Type:

Circle one:

Group Act or Individual Act

Contact Information

***GROUP ACTS (2+ members); please provide ONE parent and ONE student as a contact for the group.
This person will be responsible for sharing any information with group that is received.

Parent Name:

Home Number _____

Cell Number _____

Email:

Will your ACT have music?

YES

NO (Skip the next question)

Music Information

(Only if you know)

Song TITLE:

Song ARTIST: