

2014 HAIRSTON-GALLANT OPEN MIC/TALENT SHOW

PARTICIPANT CONTACT INFORMATION

Name:

Cell Phone:

Alt phone:

Email address:

Male Female Child Senior

Age:

Primary Contact Person: Adult or Family Member (if minor)

Participant

Name of contact person if minor:

PERFORMANCE DETAILS

Dance Routine Singing Comedy Musical Performance Acting Skit Spoken Word/Poetry Other

Please provide a description of your performance including title, props and music details:

Will you provide your own music?

Please ensure your music is on CD or you send a Wav file prior to reunion to test?

IF YOU ARE PERFORMING WITH SOMEONE PLEASE PROVIDE THEIR NAME(S):

Name (s):

Additional Name (s):

ADDITIONAL INFORMATION

(Ex. Length, Audio, Inspiration for performance)

Would you be able to participate in a practice run on Friday evening or Saturday morning (Time TBD- Practice Subject to Change): Please state preference below:

THANK YOU FOR YOUR PARTICIPATION!!!

IN AN EFFORT TO ENSURE WE ARE PROPERLY PREPARED WE ASK THAT YOU
SUBMIT YOUR FORM IN ADVANCE

YOU MAY EMAIL THIS FORM TO TIFFANY.E.COOPER@AOL.COM
OR

MAIL TO: TIFFANY E. COOPER 6100 BROOKE JANE DR. CLINTON, MD 20735