

## **Library Talent Show**

## Registration Form (ONE FORM PER CONTESTANT/GROUP)

Please return form to the library by Friday, April 5th

Will you be performing in a group or individually (please circle): group individual



Number of people in group:							• •	
Name	of performer(s	s):						
Age(s)	of performer(	s) (must be	between a	ages 6 an	d 12):			
Parent	(s)/Guardian(s	s) Names:						
Phone	Number(s): _							
Email(	s):							
Act De	scription:							
	kimate Time o							
Equipn	nent needed (	please circle	e):					
Piano	Microphone	Speakers	Screen	Laptop	CD player	Chair	Music Stand	

By signing this, you are agreeing to perform the above act on Friday, April 12 at the Main Library. You understand that after submitting this application you will be contacted by a librarian to discuss equipment, timing, etc. before your act can be approved. If for some reason you need to cancel, please notify the library immediately by calling 608-789-7128.

Signature of performer	Date
Signature of parent/guardian	Date
Additional signatures, if you will be perform	ing in a group:
Signature of performer	Date
Signature of parent/guardian	Date
Signature of performer	Date
Signature of parent/guardian	Date
Signature of performer	Date
Signature of parent/guardian	 Date

Library Talent Show Friday, April 12, 4:30 – 5:30 pm

> Main Library Auditorium 800 Main Street La Crosse, WI 54601

