



Robertsville's Lip-Sync Show

FRIDAY, March 1, 2019 at 7:00pm
at Marlboro Middle School

When you move your mouth to make it look like you are singing a song, it is called Lip Sync. Students have the opportunity to make a group, choose a song and develop a routine while lip syncing to the song.

- Help your child choose a fun, age-appropriate song. Explicit versions of songs will not be accepted. Almost every song has an acceptable radio-version available. Songs could be up to 2 minutes. **No longer.** If a song is not acceptable, you will be informed and asked to make a change. You also need a 2nd song choice
- Each song must be put on a CD. The CD should also be labeled with the song name and the name of each performer and **submitted with the group's permission slips.**
- Each group needs 1 parent to be the "manager". Managers are in charge of making sure the acts are ready to go! They help select a song, choreograph the act, select costumes and be in contact with the PTO. Managers must be at auditions and rehearsals with their group.
- There is a 3 person minimum per act. Participants must be Robertsville students.
- All groups **MUST** staple their permission slips together and submit them as one package with the labeled CD. EVERY participant must submit a signed permission slip to participate and audition.
- Auditions are scheduled for Tuesday, January 29th or Thursday, January 31st. Everyone makes it!
- **An email confirmation will be sent to groups managers about audition's day and time and rehearsal information.**
- Participants **MUST** be available to attend rehearsal after dismissal on Tuesday, February 19th or Thursday, 21st We might split show rehearsals into 2 days to make it shorter sessions.

OVER



COMPLETE AND RETURN TO ROBERTSVILLE PTO
DEADLINE FOR SIGN-UP IS FRIDAY, January 25, 2019

Name: _____ Grade _____ Teacher _____

Email Address: _____ Phone: _____

Song _____

(Please be prepared with a back-up song)

Artist: _____ # OF PERFORMERS: _____

Parent Name (print): _____ Phone: _____

Manager's Name and email: _____

(only 1 parent per group)

Please list all other members of the group with the following information:

Name	Teacher	Grade

PHOTOGRAPHY AND VIDEOGRAPHY CONSENT

I give permission for my child to be photographed and/or videotaped for use by the Robertsville PTO photographer/videographer selected by the Robertsville PTO during the dates of rehearsals and during the Lip Sync Show on 3/1/19.

Parent Signature _____

Please sign and return this page and permission slip on next page

Any questions please contact Lorraine Miccoli at miccgl@optonline.net

**Lip Sync Auditions
January 29th or 31st, 2019**

Dear Parents,

Your child would like to participate and will need to audition to be in Robertsville's Lip Sync Show. **Your child is required to remain after school on either January 29th or 31st. Your group manager will be emailed the date and time.**

Your child will NOT be bused home on this date. Participating students will be directed to the Robertsville's Gym at dismissal, where they will have auditions starting at 3:30pm. **You are required to pick up your child within 15 minutes of audition time.** For example, 4:00 audition time, parents are in gym by 4:15. Your group manager will be given the audition time. Students are welcome to bring a snack.

If your child is enrolled in the aftercare program, it is your responsibility to make the necessary arrangements with them directly.

The Lip Sync Show will be held on March 1, 2019 at the Marlboro Middle School. Additional information, including rehearsal and ticket information will be announced shortly.

Please sign, cut, and return this bottom slip along with sign up sheet by Friday, January 25th. If a student does not have a signed permission slip he/she will be unable to remain after school, and will not be able to audition or participate in the Lip Sync Show.

Audition Permission Slip for January 29th or 31st
PLEASE PRINT ALL INFORMATION

I have read and agree with the terms of my child's participation in auditions and I will be there to pick up my child.

Student's FIRST and LAST Name: _____

Teacher: _____ Grade: _____

Parent's Signature: _____

Parent's Phone Number : _____

Case of Emergency: _____

Permission to go home with _____