

St. Leo's Talent Show Permission Slip

Name of Performer: _____

Grade: _____ Homeroom: _____

Performance type: _____

Is this a solo act? Yes No Is this a group act? Yes No

If this is a group act, please write down all group members below: (Full Names)

1. _____

2. _____

3. _____

4. _____

I agree and allow _____ to participate in the St. Leo's 2012 Talent Show. I allow _____ to audition and try-out on January 25th/26th 2012. I understand that if my son/daughter makes it in the talent show they are expected to attend the Rehearsal on February 9th and 16th, 2012 from 3:00-4:15. I will provide transportation for my son/daughter to all Talent Show events and will pick them up at the correct time of departure.

I understand that not every participant will be able make it in the talent show, due to time restrictions and I am aware that the judging is done fairly and by volunteers not affiliated with students here at St. Leo the Great or done by St. Leo Staff members.

I understand all the Rules and Guidelines of the Talent Show.

Parent Printed Name

Parent Signature

Student Printed Name

Student Signature