



Vernfield Elementary School Annual LIP SYNG SHOW!

The Vernfield Home and School Association will be hosting the annual Lip Syng Event on Friday, March 9, 2018 at 7pm at Indian Crest Middle School

- Students in grades K-5 may perform as solo or group acts with each act limited to 90 seconds.
- Students may perform in one act (with the exception of the 5th grade act).
- Lyrics and theme must be appropriate for a family evening and are subject to approval. **Parents, please review the lyrics your child has chosen (no innuendo or words not appropriate for school will be allowed- even if they are bleeped out). You can check most lyrics on www.azlyrics.com.**
- There will be no duplicated songs. You **MUST** list a 2nd choice song on the registration form.
- Your song will be approved on a first come, first serve basis so get your forms in fast!
- After your song choice has been approved, music must be submitted in CD format marked clearly with the name of the group and song title or through email to 2kplan@gmail.com.
- Each act should provide at least one parent volunteer the night of the event.

Please fill out and sign the attached permission slip and return it by **Friday, January 26TH**.

If you have any questions, please call or email Sara Landis at 215-256-1368

slandis28@yahoo.com, Karen Planinshek 2kplan@gmail.com, or

Gina Rothenberger gmrothenberger@gmail.com

Hope to see you on the stage!!



Permission/Registration Form

Vernfield Elementary School's Annual Lip Sync Event

Please take a moment and complete ALL information below.

Forms will be returned to child if information is missing!

Please submit one form per participating child.

Forms must be returned to your child's teacher by January 26, 2018.

I, _____ give permission for my child to perform in the Lip Sync Event on Friday, March 9, 2018.

Student's Name: _____

Teacher's Name: _____ Grade: _____ Room #: _____

All communication will be via email so please print legibly. Please indicate if you do not have an email address.

Parent's Email: _____

Phone # _____

Parent's Signature: _____ Date: _____

1st choice Name of Song: _____

1st choice Name of Recording Artist: _____

2nd choice Name of Song: _____

2nd choice Name of Recording Artist: _____

Check one: Solo _____ Duo _____ Group _____

Names of duo or group members (each member must submit a separate registration):

1. _____ 4. _____

2. _____ 5. _____

3. _____ 6. _____

If you have any questions, please call or email Sara Landis at 215-256-1368 slandis28@yahoo.com, Karen Planinshek 2kplan@gmail.com, or Gina Rothenberger gmrothenberger@gmail.com