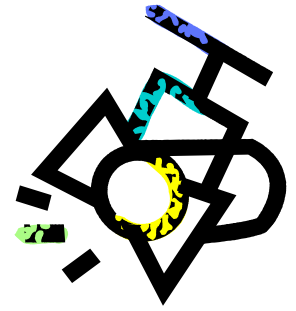


CALLING ALL PERFORMERS!!
12TH ANNUAL VERONA TALENT NIGHT

Sponsored by the Spotlight Players Parents Association

Saturday, January 17th, 2015 at 7PM

Snow date :January 24, 2015



Verona High School Auditorium
151 Fairview Avenue, Verona, NJ

Anyone, of any age who lives, works or attends school in Verona (or performs with someone who does) is eligible to perform.

Do you have a special talent? Can you entertain a family audience? Then come join the show...by yourself or with others. have had a wide range of entertainment: singers, dancers, musicians, stand-up comedy, funny skits, serious monologues, and even an animal act. No audition is required.

All acts should be SHORT (2 – 4 minutes tops) and EASY to set up. Let us know if you need special props or furniture set up. Microphones and a sound system (to play accompanying CD's or IPod) are available. An Accompanist can also be provided. Optional Sound check/RUN-THRU time will be that same Saturday, January 17 from 2 – 4 PM.

The application must be received no later than January 12, 2015. The first 30 applications received are guaranteed a spot in the show – additional applicants will be placed on a waiting list. Because we want to include as many performers as possible, only one routine per registration fee please. Your fee will be returned if we cannot accept you application.

YOU WILL RECEIVE A LETTER OR EMAIL CONFIRMING THAT YOUR APPLIATION HAS BEEN RECEIVED.

The application fee is \$12.00 per act. Checks should be made out to "SPPA". You will receive an email confirmation that your application and registration fee have been received. You will receive One complimentary ticket voucher for a guest when you check in on the night of the show (all performers are admitted free). Questions or concerns? Contact Melody Williams at sppatalent@gmail.com or at 973-857-2561

Return this form and \$12.00 fee per act to: SPPA TALENT NIGHT

C/O Verona High School 151 Fairview Avenue
 Verona, NJ 07044

TALENT SHOW APPLICATION

PERFORMER'S NAME(S) _____

TYPE of ACT/TALENT _____

NAME OF ACT OR GROUP (optional) _____

CONTACT NAME & ADDRESS _____

PHONE _____ EMAIL _____

APPROXIMATE AGE GROUP OF PERFORMERS: Adult(s) ____ Student(s) under 18 ____ Multi aged ____

Parent Signature (required for performers under 18 years of age) _____ Date _____

SOUND NEEDS:

How many microphones will you need? _____ Do you prefer a standing mike? _____

Will you need a piano accompanist? Yes _____ No _____ (if so, please send in the sheet music with your application)

***** Please use the back of the application to tell us about yourself/group and what you will be performing*****

*****Also, is there something special you would like mentioned in your introduction?*****