



2020 Talent Show Permission Form

Individual Act:

Student Name: _____

Grade/Teacher: _____

Act Name/Description: _____

Name of Song/Music: _____

Group Act: Please list **ALL** students in the act and turn in **ALL** permission slips together.

Student Name: _____ Grade: _____ Teacher: _____

Student Name: _____ Grade: _____ Teacher: _____

Student Name: _____ Grade: _____ Teacher: _____

Student Name: _____ Grade: _____ Teacher: _____

Student Name: _____ Grade: _____ Teacher: _____

PARENT/GUARDIAN PERMISSION: I give my child permission to audition and perform in the Stillwater PTSA Talent Show if selected as a finalist. I have also read the rules for the Talent Show found on our website: www.stillwaterptsa.org/talentshow.

Parent signature: _____ Phone Number: _____

Parent Name (Please Print): _____

Email: _____

(Email will be the primary form of communication)