

Cloverly Variety Show Sign-Up Form

Name of Act _____

Primary Student Contact _____ Grade _____

Teacher _____

Primary Adult Contact (Name): _____

Phone: _____ e-mail: _____

The undersigned gives permission for their child to participate in the Cloverly Elementary School Variety Show for 2010:

Name	Grade	Parental Permission Signature	E-mail	Photo	Video

Please provide a brief description of the Performance (include the title and performer/composer of any musical pieces)
