

2016 Lip Sync Group form (1 sheet per group)

ONLY THE PARENT REPRESENTATIVE HANDS IN THIS FORM!

Parent representative: _____

E-mail address: _____

Phone number: _____

Our group will consist of the following Eagle Students: (5 student minimum)

Note: Please be sure that spelling of names is correct and legible, as this is where we gather the information for the concert program!

Student name

Grade

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

9. _____

10. _____

(use back for additional students)

Song Title: _____ **Artist** _____

Song can be no longer than 3 minutes and polite words only.
First come, first serve on song choice.

Deadline: Please submit form to the main office by Wednesday, September 21, 2016.

Questions? Trish Robbins or Melissa Griesbach: eaglelipsync1@gmail.com or 439-4608 (Trish) or 782-9325 (Melissa)