



Allenby's 25th Annual LIP SYNC -2016 Calling All Future Stars!

EVERYTHING YOU NEED TO KNOW

SHOW DATES:

Performances will be held in the gym on: **Thursday, February 25th & Friday, February 26th @ 7pm**

Lip Sync is a fantastic evening for the whole family to enjoy. It is an annual fundraiser at Allenby, in which the students dance and lip sync to their favourite song. Because of the popularity of the event, and number of acts each night, the groups are limited to 2 minutes of performing time, and each group must have at least 3 performers.

AUDITIONS:

Wednesday January 27/ Thursday January 28 /Friday January 29 @ 8-9am in the gym

Do not fear - Subject to the song and performance being appropriate, all acts will be part of Lip Sync. Come to only 1 audition. If students are in daycare, please let the day care know they will be attending auditions.

DRESS REHEARSALS:

Wednesday, February 17th or Thursday, February 18th after school in the gym

On the attached registration form, please indicate your group's preference between the Thursday and Friday performance dates. We will make every effort to accommodate your preference. We will notify you of the dates of your group's performance and dress rehearsal in an email following the tryouts.

Performers must attend the Audition and Dress Rehearsal to participate in Lip Sync. We also require one parent from each group to supervise that group at the audition and dress rehearsal. Additionally, we request that a minimum of one parent from each group volunteer on the night of the performance.

PARENT VOLUNTEER:

For communication purposes, we ask that one parent be identified on the Registration Form as the primary contact for each group and that contact information be provided. As well, we request that the Contact Adult confirm that the parents of each performer in the group consent to their child's participation in Lip Sync.

TICKETS:

Avoid the line-ups and pre-order your tickets! Fill out the attached order form and return it to the office no later than **Friday, February 19th**. You will receive an email confirming your ticket purchases the week of the performance. Tickets will also be available at the door.

Grade 6 students are invited to be MC's or Stage Hands for Lip Sync Performances. All interested students should fill out the attached form and attend the audition. In the event that there are more students interested than spots available, we will choose the MC's and stage hands by lottery. *Any questions? Please email: allenbylipsynch@gmail.com*

**LIP SYNC 2016
REGISTRATION FORM**

Please complete and return this form to the Lip Sync bin in the Main Office or send via email to allenbylipsynch@gmail.com by Monday, January 25th

Names & Grades of Performers: (use reverse side if necessary). Please print clearly

Song and Artist:

Performance Date Preference:

___ Thursday, February 25, 2016 (dress rehearsal Feb17)

___ Friday, February 26, 2016 (dress rehearsal Feb 19)

Name, Telephone#, and Email Address of Parent Volunteer:

I, the Volunteer Parent, confirm that the parent(s) of each performer in this group consents to their child's participation in Lip Sync. I will ensure that one parent from my group will be available to supervise at the audition and dress rehearsal.

For Grade 6 Students Only:

I, _____, wish to be __an MC or __Stage Hand (please check) for Lip Sync 2016

**Allenby Lip Sync 2016
TICKET ORDER FORM**

Tickets are **\$10** per ticket (children under 3 are free) or come and enjoy the show both nights for **\$15**.

Please make cheques payable to **Allenby Parents' Association or APA**. Do not send cash. Doors will open at 6:45pm. Snacks and light dinner fare will be available for sale before the show which can be enjoyed in the lunchroom from 6:15 pm.

Showtime is **Thursday, February 25th or Friday, February 26th @ 7pm**

Email confirmation will be sent out before the show as we are once again going paperless with our tickets.

Tickets will also be available at the door.

I would like to order _____ tickets @ \$10 for Feb 25 ___ Feb 26___

I would like to order _____ tickets @ \$15 for both nights

Name: _____

Child's Name and Room #: _____

Email address: _____

TOTAL \$: _____

*Please do not send cash. Please return this form in a clearly marked envelope to your classroom teacher or to the LIP SYNC bin in the office along with a cheque made payable to the Allenby Parents' Association or APA by **Friday, February 19th, 2016***