INDIVIDUAL (name as it would be announced)	
GROUP (as it would be announce	ed)
NAMES OF ALL MEMBERS OF THE GROUP: (high school students and adults, only)	
NAME OF CONTACT PERSON	1
PHONE #1	PHONE #2
EMAIL	
ADDRESS	
BRIEF DESCRIPTION OF ACT	
LIST OF NEEDS (number of microphones, stands, chairs, video or audio needs, piano, etc.)	

In the spirit of community and variety, and due to time constraints, The Williamsburg Talent Show Committee reserves the right to decline any entry at our discretion. We also ask that acts are no longer than 5 minutes and that individuals limit their appearances to one or two acts.

ENTRY FORM AND VIDEO OF YOUR ACT IS DUE BY FRIDAY, JANUARY 9th

Contact: **Kathryn Berte**, Williamsburg High School, 668-1050

810 W. Walnut / PO Box 120, Williamsburg, IA 52361

kberte@williamsburg.k12.ia.us

Video and Entry Form can be emailed directly to Mrs. Berte or, if you would prefer, you can contact her to schedule an audition.