

TWENTY-THIRD ANNUAL LIP SYNC CONTEST

Lewistown Area High School

Saturday, February 26, 2011

6:00 P.M.

Name of your group: _____

Song to be used: _____

Number of people in your group: _____

Names of people in your group:

Ages/grade levels of people in your group:

Adult contact person for group: _____

Address: _____

Phone (home): _____ (work): _____

Music description/introduction (to be used by emcee): _____

Audio-visual props: Yes or No. If yes, please list on back. Must be prior approved by the M-J Special Needs Center.

Please indicate the number of backstage passes you will need for your group: _____

All applications must be taken to the Mifflin-Juniata Special Needs Center, located at 31 South Dorcas Street, Lewistown, with the \$10.00 registration fee, original CD of your music, and an introduction/description of your act no later than **Friday, February 11, 2011.**

If you have any questions, please call the Mifflin-Juniata Special Needs Center at 248-6261.

For Office Use Only:

Date Received: _____

Music Received: _____

Practice Time: _____

Division: _____

Act Placement: # _____

Notes: _____
