

Lip Sync Battle Registration Form

Team Name: _____

Team Captain: _____

Team Captain Email: _____

Names of Participating team members (including captain):
(First and Last Names and Date of Birth)

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____

Song and Artist: (first and second choice)

1. _____
2. _____

Props being used:

We have read and understand the rules and regulations which were included with this form. Each team member MUST sign the Release Agreement and the Photo Waiver Form.

MUST BE SUBMITTED ON OR BEFORE APRIL 13TH AT 7:00PM TO THE IONIA THEATRE.

Music must be submitted with registration form. Turn in a flash drive or CD please!
