

Celebrate the Art of Staying Young

NAME(S):						
ADDRESS:						
Email(s):						
Phone #:						
Style of Performance	e: <i>Tap</i> 🗖	Jazz	☐ Ballet ☐	נ		
	Comedy 🗖	Vocalist 🗖	Other $\Box$	1		
Song Title:						
Length of Performance:						
Costume: (Ideas/Colours)						
Date Submitted:						
Performances will b		the following	criteria: Stage	Presence,	Musicality	and

Please submit completed form to: Jan Gardner (<a href="mailto:rgardner6@cogeco.ca">rgardner6@cogeco.ca</a>) by December 1/24