

Denver School of the Arts
TALENT NIGHT at DSA
Audition Sheet (One per group)

Name | Grade | Major(s): _____

Contact Person:

Home Phone _____ Mobile _____

Email: _____

TALENT SELECTION TITLE

Exact Time of Selection: _____

Talent Selection limited to 5 minutes unless Talent Coordinator approves (i.e. a concerto excerpt with a difficult break)

Set-up needed (i.e. screen for cinema or art display, number of chairs/stands, microphone/s, piano, percussion, etc.) _____

Instructor/Teacher Approval

Instructor's Name (print): _____

Phone: _____ Email: _____

Each Talent Participant/Group must provide a student or parent volunteer.

Volunteer Name: _____

Volunteer Phone: _____ Email: _____

(This volunteer will be assigned one of the following: Door Monitor, Performance Assistance (microphones, chairs, music stands, stage set-up/take down, or help during intermission. Each volunteer will be contacted via email.)

Signature of student/group:

Student/s agree/s to remain for the entire performance and assist as needed.