

PART 1
GROUP INFORMATION

ESP's "The Dream of Family" Showcase 2016
SUBMISSION FORM

DUE BY April 15, 2016

EXTENDED April 29, 2016

Group Performance

Performance pieces should not exceed 5 minutes (exceptions will be considered).

To submit your group's performance

1. **Complete this page – PART 1 – GROUP INFORMATION** – One form per group
2. **Have each teen complete PART 2 – INDIVIDUAL INFORMATION**
Check for adult signed releases for individuals under age 18
3. **Record a video of the performance, upload to the Internet (e.g., YouTube) or provide ESP with access to the video**

Group Contact Information

Group Name (as it should appear on a certificate)

Address

City, State ZIP

Contact Name, Title

Phone(s)

Cell:

Work:

E-Mail Address

Please circle your preferred method of contact: Work Phone Cell Phone Email

Type of performance

- Music (Circle type: vocal, instrumental, genre: _____)
- Dance (Circle type: hiphop, modern, ethnic, classical, other _____)
- Spoken word (Circle type: play, poem, storytelling, other _____)

Title of performance piece _____

Original author / composer / choreographer: _____

Performers (Number: _____) - List of performers' names. If more than 2, attach a separate sheet.

About the group (Maximum 2 sentences)

How does this piece relate to the theme "The Dream of Family"?

I certify that any work that we represent as our creation is our original work and does not infringe on others' copyrights.

Signature

Date

To submit your group's performance - Contact: Randi Rubenstein at rrubenstein@eduparents.org

PART 2

INDIVIDUAL INFORMATION

DUE BY April 15, 2016

EXTENDED April 29, 2016

ESP's "The Dream of Family" Showcase 2016

SUBMISSION FORM

**** Copy this form and ask each individual performing to complete it ****

Performance pieces should not exceed 5 minutes (exceptions will be considered).

Part of GROUP: _____

Please print clearly.

Contact Information

Individual's Name (as you want it to appear on a certificate)

Address

City, State ZIP

Date of Birth

Month/Day/Year:

Age:

School attending

Phone(s)

Cell:

Home:

E-Mail Address

Please circle your preferred method of contact: Home Phone Cell Phone Email

RELEASE AUTHORIZATION - Signature below releases reprint rights to the nonprofit organization Education for Successful Parenting (ESP) for all creative Works submitted, and gives ESP authorization to allow other third parties to reprint creative work in promotion of the nonprofit and its programs. Furthermore, this signature allows ESP to reproduce your likeness and/or give permission to other third parties to reproduce your likeness to promote the nonprofit and its programs.

Students' signature: _____

If you are under 18 years of age, also provide the signature of a parent / guardian.

Name of Parent / Guardian (please print): _____

Signature of Parent or Guardian: _____

Email address of Parent or Guardian: _____