## **SLC Talent Show\* Entry Form**

Please send in this entry form with a video of the act you will be performing

Number of Participants (8 max): Name(s):		
District: School Name	:	Advisor Name:
Advisor Email:		Advisor Telephone:
Time for Performance (3 m	inutes max.):	Talent Description:
Props or equipment needed	d (Kansas FCCLA will	not provide props):
Unusual/Interesting facts a	bout performance o	r performers:
*The SLC Talent Show will b	an be sent as an ema	no later than <b>February 19, 2018</b> to ail attachment or as a YouTube link.  Night of SLC at 8:30 at the Century II. It will be bants will perform on stage. If chosen, the State
Executive Council will conta questions participants may	act the advisor and g have.	give further information and answer any
ADVISORS: Please read and		
By signing and submitting t stage at the 2018 State Lea		allow my student(s) to perform their talent on .
Print	 Signature	