

# 6TH ANNUAL MONROE LIP SYNC!

**SATURDAY, MAY 15, 6:00 PM**

## **CONTESTANT REGISTRATION FORM**

Please complete this form and return it via e-mail to: [contestant@monroelipsync.org](mailto:contestant@monroelipsync.org)  
or via postal mail to 15103 173rd Ave SE, Monroe WA 98272  
Registration is \$5.00 per individual act or \$10.00 per group, payable through postal mail  
or at check-in the night of the show. Please be sure to read the Contestant Rules.

**Only the first 25 acts to sign up will perform so sign up early!**

First & Last names of all  
contestant in your group: \_\_\_\_\_

Contact person & ph #: \_\_\_\_\_

Song & original artist: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Snail mail address: \_\_\_\_\_

### **Category:**

The *oldest* person in your group determines the age category of the group

\_\_\_\_\_ Elementary (kindergarten through grade 5)                      Age (s) \_\_\_\_\_

\_\_\_\_\_ Junior High (grades 6 through 8)                                      Age (s) \_\_\_\_\_

\_\_\_\_\_ High School (grades 9 through 12)                                      Age (s) \_\_\_\_\_

\_\_\_\_\_ Adult (over 18)    Age (s) \_\_\_\_\_

*By signing up to be an act in the Monroe Lip Sync contest you are agreeing to abide by the Rules and Regulations of the Monroe Lip Sync Contest, and to release and allow the Lip Sync Committee to use your photo or audio for publicity purposes if desired.*

\_\_\_\_\_  
*Signature (adult if the contestant is a minor)*

*Winners may be asked to perform at other venues. (Movies Under the Moon, Explosion Basketball games, Relay for Life) Please initial here to give the Monroe Lip Sync Committee permission to release your phone number to interested venues.*

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