



CCT Children's Summer Virtual Talent Show Enrollment/Submission Form

Names of Participant(s):

Names of Parent(s)/Guardian(s):

Phone Number(s) of Participant(s):

Email Addresses of Participant(s):

Address (Town) of Participant(s):

Age(s) of Participant(s):

Name of Act:

Title of song, poetry, composition (where applicable):

I give the Colchester Community Theatre permission to publish this video submission on their website and on Facebook. I agree that I will not post this video on any social media prior to the Facebook Party release date. (Currently scheduled for 8/21/20 at 7:00 pm)

Participant Signature(s)

Parent/Guardian Signature