



Ocean Avenue LipSync2012

Group Information:

Parent Contact: _____

(This Person will be our point of contact for communications. It is YOUR responsibility to pass along information to the rest of your group.)

Name: _____

Email: _____

Phone: _____

Group Members:

Name of Group: _____

| | Name | Grade |
|----|-------|-------|
| 1. | _____ | _____ |
| 2. | _____ | _____ |
| 3. | _____ | _____ |
| 4. | _____ | _____ |
| 5. | _____ | _____ |
| 6. | _____ | _____ |
| 7. | _____ | _____ |
| 8. | _____ | _____ |

Song Information:

Title of song: _____

Broadway Show: _____

Song Length: _____ LESS than 2 minutes.

Lyrics Submitted: Yes: _____ No _____