



You Can Be An URSULINE HIGH SCHOOL LIP-SYNC IDOL!

Willow Street Campus @ D.J. Station: Sunday, March 28, 2010

Meet @ 1:45 p.m.; Contest Begins Promptly @ 2:00 p.m.; Ends @ 3:00 p.m.

ENTRIES: SOLO or GROUP (Up to 5 Members)

PANEL OF JUDGES:



MRS. BEKKI BONNAFFEE



MR. BRIAN CORDES



MR. JOHN GARDNER

CASH PRIZES: 1st Place: \$125.00; 2nd Place: \$ 75.00; 3rd Place: \$50.00 *(To be awarded following the contest)*

ENTRY RULES & ELIGIBILITY GUIDELINES:

1. **Entry Fee per Act: \$15.00 Due w/Registration Form to the Development or Alumnae Offices by Friday, March 19;**
2. **Competition Is Opened to High School Students ONLY;**
3. **Solo or Group Lip-Sync Acts Must be Memorized and Must NOT Exceed 3 Minutes;**
4. **Groups May NOT Exceed 5 Members;**
5. **Songs & Lyrics Choices Must Be Turned in to the Development or Alumnae Offices (2nd Floor near the Elevator) for Review and Approval by March 19**
 - o **Lyrics Must Be Appropriate for ALL Ages**
 - o **Must Be Approved by the Administration Prior to Performance;**
5. **Choreography and Costumes Must Be In Good Taste.**

JUDGING CRITERIA:

Scoring Will Take Place on a Scale of (1-5) Points with 5 being the Highest Points Earned for Each Item Listed Below. Group Acts Will Receive a Single Score for Each Item, As Well. A Perfect Score Would Be A (20).

1. **Lip-Sync Precision; How Well Can the Lyrics of Your Song Be Understood?**
2. **Costumes; Do Your Costumes Enhance the Song?**
3. **Choreography; Do Your Dance Moves and Gestures Improve the Song's Value?**
4. **Overall Performance Rating; Songs Should be Well-Rehearsed & Performed w/Expression and Enthusiasm; How Did Your Act Rate Overall?**

THE NUMBER OF ACTS WILL BE LIMITED TO 15. PLEASE FILL OUT AND RETURN THE ATTACHED ENTRY FORM ASAP. ACTS WILL BE ACCEPTED AS THEY ARRIVE AND ARE APPROVED. THE COMMITTEE RESERVES THE RIGHT TO CANCEL PERFORMANCE OF ANY ACTS IN VIOLATION OF THE ABOVE RULES AND ENTRY FEES WILL BE FORFIETED.



NAME: _____ GRADE: _____

If Applicable, MEMBERS of GROUP'S NAMES (Up to 5 Total):

2. _____

3. _____

4. _____

5. _____

NAME of ACT (If Applicable): _____

NAME of SONG: _____

NAME of ARTIST: _____

PREFERRED PHONE: _____

E-MAIL ADDRESS: _____

\$15 ENTRY FEE ENCLOSED:

____ CASH ____ CHECK

Total = \$ _____.

(Please make checks payable to *Ursuline Academy.*)

Or...

____ CHARGE my Credit Card __ VISA __ MC __ AMEX __ DISC

Total = \$ _____.

Card Number: _____

Name on Card: _____

Expiration Date: _____

PLEASE RETURN BY FRIDAY, MARCH 19 TO THE DEVELOPMENT OR ALUMNAE OFFICES.

(2nd Floor Near the Elevator)

For More Information, Please See or Contact:

Mrs. Mary Lee Harris 861-0592 development@ursulineneworleans.org

Ms. Cara D'Antoni 861-9114 alumnae@ursulineneworleans.org