REFLECTIONS NIGHT

Open Mic Performer Registration Form

Thank you for your interest in performing at Reflections Night!

Reflections Night is an evening of creativity, expression, and connection. We invite performers to share a song, poem, spoken-word piece, instrumental performance, comedy, dance, personal reflection, or other appropriate talent with our community.

Please complete the form below. Submission of this form does not guarantee a performance slot. Performers will be contacted with confirmation and additional event details.

Performer Information

Full Name:

Stage/Performance Name (if applicable):

Age:

Phone Number:

Email Address:

Preferred Method of Contact:

☐ Phone

☐ Text

☐ Email

Performance Information

What type of performance will you present?

☐ Vocal/Singing

☐ Instrumental/Musical Performance

☐ Poetry/Spoken Word

☐ Dance

☐ Comedy

☐ Monologue/Storytelling

☐ Inspirational/Personal Reflection

☐ Other: _____

Title of Performance/Piece:

Brief Description of Your Performance:

Estimated Performance Length:

☐ 1–3 minutes

☐ 3–5 minutes

☐ 5–7 minutes

☐ 7–10 minutes

☐ Other: _____

Will you be performing:

☐ Solo

☐ With a partner

☐ With a group

If performing with others, please list their names:

Technical Needs

Will you need a microphone?

☐ Yes

☐ No

Will you need music/audio playback?

☐ Yes

☐ No

Will you be bringing an instrument?

☐ Yes

☐ No

Other equipment or technical needs:

Will you provide your own backing track/music?

☐ Yes

☐ No

☐ Not applicable

Content & Event Guidelines

Please confirm that your performance will be appropriate for the Reflections Night audience and will be presented in a respectful and positive manner.

☐ I understand and agree to follow the event guidelines.

☐ I understand that the event organizers may limit performance time in order to accommodate all selected performers.

☐ I understand that submitting this form does not guarantee a performance slot.

Performer Agreement

By submitting this form, I confirm that the information provided is accurate and that I am willing to participate in Reflections Night if selected.

Performer Name:

Signature:

Date:

Parent/Guardian Permission

Required for performers under 18.

Parent/Guardian Name:

Parent/Guardian Phone:

Parent/Guardian Email:

☐ I give permission for the above-named minor to participate as a performer at Reflections Night.

Parent/Guardian Signature:

Date:

FOR EVENT ORGANIZERS ONLY

Application Received: _____

Selected: ☐ Yes ☐ No ☐ Waitlist

Performance Time: _____

Confirmed: ☐ Yes ☐ No

Technical Notes:

Organizer Notes: