Mississippi Educators Rising
Decades Lip Sync Battle Sign-Up Form

Performance Information

Chapter/School: _____

Advisor: _____

Performance Type: ☐ Solo ☐ Group

Number of Performers: _____

Participant Information

Student Name	Student Name

Performance Details

Song Title: _____

Artist: _____

Announcer Notes: _____

_____

_____

Participant Agreement

By signing below, I certify that:

- Our performance is school appropriate.
- We understand that only pre-approved songs may be used.
- We agree to follow all conference rules and directions from event staff.
- We understand that inappropriate language, gestures, or behavior may result in disqualification.

Student Representative Signature: _____

Advisor Signature: _____

For Conference Use Only

Performance Number: _____

Performance Order: _____

Song Approved: ☐ Yes ☐ No

Music Ready: ☐ Yes ☐ No

Announcer Notes: