



Paramount Theatre's Lip Sync Battle Application
Saturday, January 25, 2025

TEAM NAME: _____

TEAM CAPTAIN NAME: _____

TEAM CAPTAIN EMAIL: _____

TEAM CAPTAIN PHONE: _____

NAMES OF PARTICIPANTS:

TITLE AND ARTIST OF SONG: _____

NEED ASSISTANCE WITH CHOREOGRAPHY or MUSIC?: YES or No

*List of professional dance instructors/choreographers is available.

Tell us about yourself/your team: (Please attach a short paragraph – 75 to 100 words – and a photo with this form.) Why do you want to participate in PLSB 2025? Where are you from and what do you do? Any additional information you would like to share with the PLSB committee?

I, team captain, have read and understand the information provided and agree to the 2025 Paramount Lip Sync Battle participation requirements, should I be chosen to participate.

SIGNATURE: _____ **DATE:** _____