CALIFORNIA
DEPARTMENT OF
EDUCATION

TOM TORLAKSON
STATE SUPERINTENDENT OF PUBLIC INSTRUCTION

California Department of Education Black History Month Student Competition

PARTICIPATION FORM

Student's Name:_____ Grade: _____

Name of Responsible Activity Director/Leader/Teacher: _____

E-Mail:_____ Phone Number:_____

❑ Soloist ❑ Group Act If group, identify group leader: _____

Performance Category:

❑ Vocal ❑ Instrumental

❑ Dance ❑ Comedy

❑ Creative Writing ❑ Poetry/Rap

❑ Other If other, please specify:_____

If group act, list other participants (full name and grade):

_____ _____

_____ _____

_____ _____

_____ _____

Description of the act, including all props and equipment:

Name of Act or song and Artist/composer:_____

Performance Length:_____