

Event Info Sheet

Fill this out before doing your BE A ☆ STAR!! project!



Date: 202

Year

/

Month

Day

Give your project a name!

Location

※An address is not required.

BE A STAR!!

The Performer(s) -The person or people doing the action!

Name	Order	Notes and Highlights
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

The Judge(s) -The person or people watching, listening, and speaking after the performance!

<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

The Host -The person who said "let's do this!"

The Moderator

*Make sure to send this form in along with your video, okay!