

Date Received _____

**Talent Night
Monday, July 22,
2024 6:30 PM**

Entry Fee: \$5.00 until all ages groups are filled

Time limit of three minutes.

“X” the appropriate category. If not checked, you will not be entered in the contest.

Adult _____

Youth(13-19) _____

Youth 12 & Under _____

Non-Vocal_____

Vocal_____

Name of individual or group_____

Type of Talent_____

Title of Presentation _____

Set up time, if needed _____

Contestants must supply their own audio cassette of the song or accompaniment when applicable.

Contact person_____

Address_____

Phone_____

No profanity, inappropriate actions or dress will be permitted. Those who display such behavior will have their performances terminated. Premiums will be paid when all other fair premium checks are mailed.

* You will be notified of your performance time closer to the competition.

*Please arrive by 5:30 pm to perform a sound check.

To be completed by committee personnel:

Number_____in order of appearance in program

Approximate time_____