

Date Received _____

Talent Show
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 Vocal _____

Youth(9-13) Vocal _____

Youth 12&Under Vocal _____

Adult NonVocal _____

Youth (9-13) NonVocal _____

Youth 12 & Under NonVocal _____

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 _____