



**Participant Form**  
Please fill out and fax back to 805-987-7294

**Please complete the following:**

Contestant's Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

**Contact Information:**

Parent or Guardian \_\_\_\_\_

Phone \_\_\_\_\_ Cell \_\_\_\_\_

Email \_\_\_\_\_

**Emergency Contact:**

Name \_\_\_\_\_ Phone \_\_\_\_\_

**Talent Submission Information:**

Age \_\_\_\_\_ School or Organization \_\_\_\_\_

Specialty Training or Experience in Talent Area \_\_\_\_\_

Talent you will submit: (Categories: Music, Dance, Theatrical) \_\_\_\_\_

Name of piece/selection and original artist \_\_\_\_\_

Please give your art a title \_\_\_\_\_

**Will you need (check one)**

DVD player \_\_\_\_\_ Tape player \_\_\_\_\_ Microphone \_\_\_\_\_ Other \_\_\_\_\_

List special accommodations if needed \_\_\_\_\_

Print Name of Individual Act or Group Leader \_\_\_\_\_

\_\_\_\_\_  
Talent Contestant Signature

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Talent Show Director Signature