

TALENT CONTEST ENTRY FORM

The _____ of _____
(name of applicant or club/organization) (city,state)

wishes to have _____ entry(s) in the Talent Show .

What type of talent are you entering? _____

Will anything be needed in assisting the applicant? _____

Please list the name (s) of the other contestants in the club/organization participating.

_____ (contestant's name) _____ (age)

_____ (contestant's name) _____ (age)

_____ (contestant's name) _____ (age)

_____ (contestant's name) _____ (age)

The contestant (s) will perform his/her/their talent on Saturday September 4th at the time listed ion the official program/flyer.

Contact information for applicant: _____ - _____
(home) (cell/work)

Talent portion for each participant will be 3 minutes or less.

Please mail Entry Form and music by August 28, 2010 to:

Joy Schwartz

Elizabeth Bell

PO Box 13

2158 260th Avenue

Pratt, Ks 67124

Haviland, Ks 67059

emailjoyschwartz@yahoo.com

lizzytishks@gmail.com