

MICHIGAN STATE TALENT CONTEST REGISTRATION FORM

PLEASE PRINT

District # _____

Aerie/Auxiliary Name _____ Aerie # _____

Below is information needed for male or female contestant wishing to enter the State Youth Talent contest.. Group's will select one performer as the information person and attaches a sheet with the rest of the group's names, addresses and talent.

Any male, female or group, who has previously won at the State Youth Talent competition, cannot compete again at the State level.

TYPE OF COMPETITION:

MALE _____ FEMALE _____ GROUP _____

TYPE OF TALENT: (i.e. singing, lip-syncing, dancing, etc.)

CONTESTANTS NAME:

(First)

(M)

(Last)

ADDRESS

(No.)

(Street)

(Apt)

(City)

(State)

(Zip)

PHONE: () _____

I hereby agree to abide by the Rules of the State Youth Talent Contest Committee and will accept the decision of the Judges as final. I have never been a professional full time entertainer or a professional actor or actress.

(Signature of Applicant) (Date)

(Signature of Parent) (Date)

(Signature of Sec) (Date)

