

TALENT SHOW



ENTRY FORM 2017

Deadline: Wednesday, July 19th at 5:00pm

Please answer all questions. Incomplete forms will NOT be processed

Talent Show Monday, July 24th starting at 11:00am at the Grandstand

Please circle one of the following:

- | | |
|--------------|-----------------|
| a. Soloist | c. Vocalist |
| b. Group Act | d. Instrumental |

PLEASE CIRCLE GROUP ENTERING:

- | |
|--|
| c. MINI Competition (age 12 and under) |
| d. MAXI Competition (age 13 and over) |

**** Groups: Please Skip #3 and fill out #4 below ****

3 Please complete the following information:

Name: _____

Street address: _____

City: _____ State: _____ Zip Code: _____

Date of Birth: ____/____/____ Social Security No.: ____ - ____ - ____

Special Name of Your Act (if any): _____

Title of Music: _____

4. Groups:

a. Number of Performers in Group: _____

b. Name of Group: _____

c. Contact Person: _____ Phone: _____

d. Please provide the appropriate information for each group member on the reverse side of this sheet. Note: Incomplete applications will not be processed! Payment must accompany application.

5. There is a \$5.00 entry fee per contestant. Please make checks or money orders payable to the Boonville Fair Assoc., Talent Show. Be advised that there will be no refunds on entry fees. Applications should be returned (with payment) to: Boonville Fair Association, ATTN: Jamie Day, P.O. Box 775, Boonville, NY 13309.

6. By signing below, I hereby certify that I have read ALL contest rules. I attest that all information I have provided is accurate and complete. I wish to enter and certify that the

act described above will abide by all published rules for the contest I am entering. I am aware that the failure to abide by these rules will result in disqualification and no money will be refunded.

Print Name: _____

Signature: _____

DATE _____

Group Information:

Contestant #	Name of Participant	Social Security No.	Date of Birth
1		~ ~	/ /
2		~ ~	/ /
3		~ ~	/ /
4		~ ~	/ /
5		~ ~	/ /
6		~ ~	/ /
7		~ ~	/ /
8		~ ~	/ /
9		~ ~	/ /
10		~ ~	/ /
11		~ ~	/ /
12		~ ~	/ /
13		~ ~	/ /
14		~ ~	/ /
15		~ ~	/ /