

Talent Show Audition Registration Form



- All participants **MUST** be in one of the 4 age groups (Elementary School, Middle School, High School or College (undergrad)).
- All participants must AUDITION by submitting a video or scheduling an appointment to audition by January 13th.
- Participants may do solo or group acts. Participants performing in a group may have between 2 to 8 people only.
- All acts must be 3 minutes or less.
- Selected participants will be notified **before January 16th**.
- Participant non-refundable entry fee of \$15 will be due by **JANUARY 21st** (for those selected to participate in the talent show)– NO EXCEPTIONS.
- TALENT SHOW WILL BE HELD ON **SATURDAY, FEBRUARY 3RD** @ 3PM (REIDSVILLE HIGH SCHOOL AUDITOTIUM).
- There will be a winner in each age group (elementary \$100, middle \$100, high/college \$100) and 1 OVERALL \$750 WINNER!!!

What's your talent? Please select 1 talent category below.

Singer Dancer Magician Musician Comedian _____ other (please explain)

PARTICIPANT(S) INFORMATION (please print):

Name: _____ Grade: _____ Age: _____ Phone Number: _____

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Name: _____ Grade: _____ Age: _____ Phone Number: _____

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What's your stage name/group name? _____

Music choice: _____

Please note that all music and talents must be appropriate for school and must be approved by the audition committee.



S&K Preemie Love Foundation
 PO Box 2868 * Reidsville, NC 27323
 336.342.3416
 www.skplove.org



Talent Show Participation Form

Name: _____ Phone #: _____

Emergency Contact Information:

Name: _____ Relationship: _____

Phone #: _____

Liability Waiver

I fully accept all responsibility and assume all risk for participation in the **S&K Preemie Love's Talent Show**. I am solely responsible for any and all expenses related to injuries and/or loss or damage of personal property incurred in connection with my participation in the **S&K Preemie Love's Talent Show**. Should I become injured during the **S&K Preemie Love's Talent Show**, I hereby grant permission to **S&K Preemie Love Foundation** members to arrange for my transportation to a hospital and/or administer immediate first aid as deemed necessary.

Initial: _____ Parent/Guardian Initial: _____

Photographs Permission Slip

I, give **S&K Preemie Love Foundation** permission to print and publish my picture in a variety of professional venues, including **S&K Preemie Love Foundation's** website/Facebook page, newspapers, flyers, and brochures, etc. I give permission for photographs and video of me to be taken and printed or published.

Initial: _____ Parent/Guardian Initial: _____

I have read the information stated above carefully and I agree to the terms.

Print Name

Signature

Date

If 18 years or younger, a parent or guardian must sign below.

Parent/Guardian

Signature

Date