

Talent Show Audition Registration Form



- All participants **MUST** be in one of the 3 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.
- 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 **the day of audition or before February 20th**.
- Participant non-refundable entry fee of \$15 will be due by **February 20th** (for those selected to participate in the talent show)– NO EXCEPTIONS.
- TALENT SHOW WILL BE HELD ON **SATURDAY, March 12th** @ 3PM (REIDSVILLE HIGH SCHOOL AUDITORIUM).
- There will be a 1st, 2nd, and 3rd place 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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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.****

OFFICE USE ONLY

Camera Roll # (s) _____ Participant(s) selected for talent show _____ or _____
Yes No



S&K Premie 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 Premie 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 Premie Love's Talent Show**. Should I become injured during the **S&K Premie Love's Talent Show**, I hereby grant permission to **S&K Premie 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 Premie Love Foundation** permission to print and publish my picture in a variety of professional venues, including **S&K Premie 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