

SOUTHEAST KANSAS KIDS HAVE TALENT

2018 TALENT SHOW ENTRY FORM

CONTESTANT INFORMATION:

NAME: _____ AGE: _____

ADDRESS: _____ CITY: _____ STATE: _____

PHONE: _____ DATE OF BIRTH: _____

CATEGORY INFORMATION: (Circle One) CHILDREN'S (Age 5-12) TEENS (Age 13-18)

TYPE OF ACT: Vocal (Type) _____ Instrumental (Type) _____

Dance (Type) _____

Miscellaneous (Type) _____

NAME OF SELECTION _____

AUTHOR _____

GROUP NAME (Limit 5 to Group) _____

MEMBERS IN GROUP

BIRTHDATE

ADDRESS

PHONE NO.

MEMBERS IN GROUP	BIRTHDATE	ADDRESS	PHONE NO.

Information on each member **MUST** be included above. All members **MUST** meet the age qualifications of 5-18 as of September 22, 2018. Each participant **MUST** have a signed Release Form from parent or guardian. **CONTESTANTS MAY COMPETE ONLY ONCE.**

Please list below the contact name & complete mailing address where all correspondence should be mailed:

Parent or Guardian _____ Phone _____

Address _____ City _____ State _____

Entry Fees: \$25.00. A non-refundable check or money order payable to C.F.F.I. Entry Form must be signed by Parent or Guardian. Applications MUST to be received by 5:00 pm Monday, September 17, 2018 at ISTC, 125 S. Penn. Ave., Independence, KS 67301. (Hours 1:00-5:00 Mon.-Sat.) Medals will be awarded to first, second, third place winners, as well as People's Choice.

NOTE: **MODERN WOODMEN FRATERNAL FINANCIAL** will provide a matching grant of up to **\$1,500.00** for SEK Kids Have Talent Contest Fundraiser.

I (we) have read the rules governing the Talent Contest and agree to abide by them.

I (we) release to the Talent Show any photos, film or publication.

Signature(s) of all Contestants in act _____

I have read the rules governing the Talent Contest and give my child permission to participate.

Signature of Parent or Guardian _____ Date _____