

Pancake Day Talent Show Contestant Entry Form

Name of Contestant/Group: _____
(This is the name that needs to be on your uploaded video and is how your group will be listed in the program at the finals)

Address: _____

City/State/Zip: _____

Age on Date of Finals, February 6, 2016: _____

(If this is a group, please list all members with ages)

School(s) Attending: _____

Parents' Name(s): _____

Parents' Telephone Number: _____

Contestant's Telephone Number: _____

Alternate Telephone Number: _____

Email Address: _____

Instructor: _____

Instructor's Work Telephone Number: _____

Instructor's Alternate Telephone Number: _____

Type of Act (Dance/Vocal/ETC.): _____

Name of Music: _____

Any Special Instructions/Items Needed (Lights/Mikes/Piano/Etc.): _____

In Fifty (50) words or less describe your act, accomplishments, etc. This information will be used to introduce your act at the finals:

All blanks must be filled out. Mark N/A in all not applicable blanks. All incomplete forms will be returned, not entered, and entry fee will be retained.
