

JUNIOR YOUTH TALENT CONTEST ENTRY FORM

Contact Name (for corre	spondence)		SUBMIT E	SUBMIT ENTRY FORM TO:	
Street Address City, State, Zip			c/o D - 2584 Hi	Mid-South Fair Youth Talent c/o Debbie Branan 2584 Highway 51 South	
			Hernaı -	ndo, MS 38632	
Cell Phone			_ KDJu	Email KDJudge@aol.com	
Alternate Phone			*Entry not complete	*Entry not complete until payment form received*	
Email Address			- '	, , ,	
Please type or nea	atly print all info	ormation requested on t	he form below.		
Name of Act:			Number of	Number of Performers in Act:	
☐ Vocal Solo		Small Vocal Gro	oup (2-3)	(2-3) Large Vocal Group (4+)	
☐ Dance Solo		Small Dance Gr	Dance Group (2-3)		
☐ Variety Solo		Small Variety G	☐ Small Variety Group (2-3) ☐ Large Variety Group (4+)		
☐ Instrumental S	Instrumental Solo Band or Instrumental Group				
		cable):			
Studio (if applicable):		Teacher:		Email:	
		 (use additional pages if			
Full Name	DOB	Full Address	Parent's Name	Email Address	
Has any member o	f this act been a No	professional entertainer? If yes, provide details:			
		outh Talent Contest and b , and/or videos, which may		e to abide by them. I release to publication.	
Print Name of Parent/Gu	uardian	Signature of Pare	ent/Guardian	Date	
The information above is certified by (Local Cha				airman).	