



2018 JR. YOUTH TALENT

PAYMENT FORM

(Please print/write legibly)

SOLO CONTESTANT'S

Name: _____

OR ACT NAME IF NOT A SOLO: _____

Address: _____

City, St. Zip: _____

E-mail Address: _____

Phone #: _____

Solo: \$40 _____ Group: \$75 _____

Method of Payment: Check: _____ Money Order: _____ Cash: _____

Make Checks payable and Mail to:

Mid-South Fair Youth Talent
DEBBIE BRANAN
2584 HWY 51 SOUTH
HERNANDO, MS 38632
Fax: 662-449-4818

Is a member of this Act in
any other act(s), if so what?

SCHEDULING CONFLICTS: _____

