



# 2019 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: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_