

"NO GO TALENT SHOW" PRELIMINARY CONTEST

ENTRY FORM



Send DVD entries to
MID-SOUTH FAIR
YOUTH TALENT COMMITTEE
2584 HWY 51 SOUTH
HERNANDO, MS 38632
901-634-0570 or 901-274-8800
kdjudge@aol.com

**ENTRY FEE: \$15.00 FOR SOLOS AND
\$25.00 FOR GROUPS**





PRELIMINARY CONTEST *NO GO*

2020 MID SOUTH FAIR YOUTH TALENT APPLICATION

DESCRIPTION OF ACT: VOCAL SOLO VOCAL GROUP INSTRUMENTAL SOLO BAND/INSTRUMENTAL GROUP
 DANCE SOLO SM DANCE GROUP (2-5) LARGE DANCE GROUP (6 AND OVER)
 VARIETY SOLO VARIETY GROUP

Type of Musical Instrument (If any): _____ Type of Variety Act: (if applicable) _____

NAME OF ACT: _____ # OF PEOPLE IN ACT _____

Please list below the contact name and complete mailing address that all correspondence should be mailed to.... Also list email address.

CONTACT NAME: _____ CELL PHONE#: _____ ALT. PHONE #: _____

ADDRESS: _____

CONTACT'S EMAIL ADDRESS: _____

I/We have read the rules governing the Youth Talent Contest and by our signatures acknowledge that I/We agree to abide by them. I/We release to the Mid-South Fair any photos, films and /or videos, which may be used for publicity or publication.

INFORMATION MUST BE COMPLETE FOR EACH CONTESTANT

FULL NAME PRINTED AND SIGNATURE	DOB	FULL ADDRESS: STREET/CITY /STATE/ZIP	PARENT'S NAME	PRINT EMAIL ADDRESS

Has this act already received an invitation to the 2019 Mid-South Fair Youth Talent Contest? YES NO if yes what Contest: _____

Has any member of this act been a professional entertainer? Yes No If yes, details: _____

The information above is certified by _____ Local Chairman



NO GO PRELIMINARY

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: \$15 _____ Group: \$25 _____

Method of Payment: Check: _____ Money Order: _____ Credit Card: _____

Mail to and Make checks Payable to:

Mid-South Fair Youth Talent

DEBBIE BRANAN

2584 HWY 51 SOUTH

HERNANDO, MS 38632

Fax: 662-449-4818