



BILL RILEY TALENT SHOW REGISTRATION FORM

To register for your local Bill Riley Talent Search please complete this form and return to local show coordinator.

Name:

Age:

Birth Date:

Division (mark one): Sprout (age 2-12) _____ Senior (age 13-21)_____

Type of Talent:

Song Name:

Address:

Town: Zip Code: County:

Email: Phone:

(For multiple acts provide name, age and birth date - from left to right, as seen from the audience)