<b>GRANT</b> <b>TALENT S</b> Aug. 10, 2017 6:00 PM	EAI	RCH CO	NTEST
Entry Form Entry Deadline: Monday, Aug. 7, 2017 Contact Carolyn Stout at 541-575-1827 NO ENTRY FEE			
Name of group or individual performing:			
Name of person submitting application:			
Address:	City:	State:	Zip:
County of Residence:	(require	ed) Phone Number	
Provide information for the announcer at introducing you or your group			
Number of people in act: List <u>ALL</u> group members below (use back if necessary)			
Name (Last, First)	Age	Birth Date	Home/Cell Phone
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DIVISION:ChildrenYouthAdult(all members ages 5-9)(all members ages 10-17)(any member 18 and over)			
AMATEUR STATUS: I certify that no person listed above belor 50% of his/her income (if income exceeds &7, NOT PREVIOUS STATE FAIR WINNER: I certify that no person listed above place	500). I/we un	derstand I/we may be requi	red to submit tax information.
TALENT CATEGORY:  Vocal  Dance  Instrumental  Comedy    Magic  Band (no more than 3 instruments. No drum sets.)  Other			
Briefly describe your act, including instruments, props, choreography, etc. (Performance may not exceed 5 minutes)			
Name of piece to be performed:    Type of accompaniment: Thumb Dri    Equipment needed: MicsEle	ve0 ectronic Pian	CDPiano( o (must supply your own) Cl	Dther D Player
I/we wish to enter the Grant County Talent Contest and agree to abide by the rules. I certify that all information provided above is true and accurate.			
Signature:			Date: