



2025 NACMAI COUNTRY MUSIC WEEK COMPETITION APPLICATION MARCH 12-16, 2025

COMPETITOR INFORMATION

FULL NAME:

DATE OF BIRTH:

STATE ASSOC.

GENDER: ☐ Male ☐ Female PARENT NAME (if minor):

Street

City

State

Zip Code

Country

ADDRESS:

EMAIL: CELL PHONE:

INDIVIDUAL PERFORMANCE

AGE DIVISION - Choose the age division that you qualified in during your state competition. **Choose one.** Example: If you were 12 years of age in your state competition, please choose 7-12; even if you will be 13 at the NACMAI competition.

GENRE OF MUSIC - Choose the genre of music that you qualified in during your state competition. **Choose one.**

CATEGORIES - Choose the category(ies) in which you are competing.

DETAILS

3-6

☐

7-12

☐

13-16

☐

17-20

☐

21+

☐

50+

☐

Bluegrass

☐

New Gospel

☐

Traditional Gospel

☐

New Country

☐

Traditional Country

☐

Vocalist

☐

Entertainer

☐

Instrumentalist

☐

DUO/VOCAL GROUP/BAND

AGE DIVISION - Choose the age division that your duo/group/band qualified in during your state competition. **Choose one.** Mixed Age Division only applies to youth divisions (ages 3-20) and does not include adults.

GENRE OF MUSIC - Choose the genre of music that your duo/group/band qualified in during your state competition. **Choose one.**

CATEGORIES - Choose the category(ies) in which your duo/group/band is competing.

DETAILS

3-6

☐

7-12

☐

13-16

☐

17-20

☐

21+

☐

50+

☐

Mixed Age

☐

GROUP NAME

Bluegrass

☐

New Gospel

☐

Traditional Gospel

☐

New Country

☐

Traditional Country

☐

Duo

☐

Vocal Group

☐

Band

☐



2025 NACMAI COUNTRY MUSIC WEEK
COMPETITION APPLICATION - PAGE 2
MARCH 12-16, 2025

COMPETITOR INFORMATION

FULL NAME: _____ DATE OF BIRTH: _____ / _____ / _____ STATE ASSOC. _____

GENDER: ☐ Male ☐ Female PARENT NAME (if minor): _____
Street City State Zip Code Country

ADDRESS: _____

EMAIL: _____ CELL PHONE: _____

EXTRAS

SPONSORSHIP - Includes listing in Awards Program and Certificate of Appreciation \$20. This helps NACMAI with competition expenses.

AWARDS PROGRAM - \$20 each; we strongly recommend preordering as price will increase to \$25. PLEASE ENTER NUMBER OF PROGRAMS YOU WOULD LIKE TO ORDER.

PRICE INCREASES TAKE EFFECT 01/01/25.

DETAILS

Sponsorship
\$20



Awards
Program \$20



EXTRAS TOTAL: \$ _____

SUMMARY OF ENTRIES

NUMBER OF INDIVIDUAL ENTRIES

x \$50 =

NUMBER OF DUO/GROUP/BAND ENTRIES

x \$50 =

ENTRIES TOTAL:\$ _____

FINAL TOTAL SUBMITTED

EXTRAS + ENTRIES
TOTAL: \$ _____



2025 NACMAI COUNTRY MUSIC WEEK

TICKET ORDER FORM

MARCH 12-16, 2025

COMPETITOR INFORMATION

FULL NAME: _____ DATE OF BIRTH: ____/____/____ STATE ASSOC. _____

GENDER: ☐ Male ☐ Female PARENT NAME (if minor): _____
Street City State Zip Code Country

ADDRESS: _____

EMAIL: _____ CELL PHONE: _____

TICKET INFO

HALL OF FAME - \$22 each; we strongly recommend preordering as price will increase to \$28. Includes state taxes. **PLEASE ENTER NUMBER OF TICKETS YOU WOULD LIKE TO ORDER.**

AWARDS SHOW - \$38 each; we strongly recommend preordering as price will increase to \$44. Includes state taxes **PLEASE ENTER NUMBER OF TICKETS YOU WOULD LIKE TO ORDER.**

PRICE INCREASES TAKE EFFECT 01/01/25.

DETAILS

Hall of Fame
\$22



Awards Show
\$38



FINAL TOTAL SUBMITTED

TICKET TOTALS: \$ _____

THIS MONEY SHOULD NOT BE SENT TO PEGGY. STATES WILL ORDER/PURCHASE TICKETS FOR COMPETITORS AND DISTRIBUTE TICKETS DURING NACMAI COUNTRY MUSIC WEEK.



2025 NACMAI COUNTRY MUSIC WEEK
RELEASE AND HOLD HARMLESS AGREEMENT
MARCH 12-16, 2025

COMPETITOR INFORMATION

FULL NAME:

DATE OF BIRTH:

STATE ASSOC.

_____/_____/_____

GENDER: ☐ Male ☐ Female PARENT NAME (if minor): _____

I, _____, the undersigned have read and understand, and freely and voluntarily enter into this Release and Hold Harmless Agreement with North America Country Music Association, Int'l (NACMAI), the NACMAI representatives, The Country Tonite Theater and their agents and employees, understanding that this Release and Hold Harmless Agreement is a waiver of any and all liability(ies).

I understand the potential dangers that could incur when bringing my personal instruments, CDs and other personal items that will be used in my competition with NACMAI.

I hold myself responsible for the condition and whereabouts of all my personal instruments, CDs and other personal items at all times.

I understand and recognize and warrant that this Release and Hold Harmless Agreement, is being voluntarily and intentionally signed and agreed to, and that in signing this Release and Hold Agreement, I know and understand that this Release and Hold Harmless Agreement may further limit the liability NACMAI, the NACMAI representatives, The Country Tonite Theater and their agents and employees, to include any activity, whatsoever, personal injury (including death) and/or damage to property.

SIGNATURE OF COMPETITOR

DATE

SIGNATURE OF PARENT (IF MINOR)

DATE



2025 NACMAI COUNTRY MUSIC WEEK
SCHOOL ABSENTEE FORM
MARCH 12-16, 2025

COMPETITOR INFORMATION

FULL NAME:

DATE OF BIRTH:

STATE ASSOC.

GENDER: ☐ Male ☐ Female **PARENT NAME:** _____

This is to acknowledge that _____ has been given permission to miss classes for the week of March 12-16, 2025, to attend and take part in the NACMAI Country Music Week to be held at the Country Tonite Theatre in Pigeon Forge, TN. He/She will be in music competition during this week as a winner representing his/her state in this International Competition.

The School District recognizes that this is an event that allows the competitors to become more knowledgeable in their field of choice through educational seminars held during this week and the networking with others in the Music Industry. The NACMAI is a 501(c)3 non-profit association registered with the IRS.

The NACMAI is not responsible for any misrepresentation by any individual requesting this form.

PRINT NAME OF COMPETITOR

SIGNATURE OF SCHOOL REPRESENTATIVE

POSITION TITLE

DATE



2025 NACMAI COUNTRY MUSIC WEEK
CONSENT AND RELEASE FORM
MARCH 12-16, 2025

COMPETITOR INFORMATION

FULL NAME:

DATE OF BIRTH:

STATE ASSOC.

_____/_____/_____

GENDER: ☐ Male ☐ Female PARENT NAME: _____

This consent and release is giving without limitation upon or liable for any use of advertising, illustration or publication of every kind, or in any trad of for any purpose. I further agree that such visual material and/or the originals thereof will not be returned.

The NACMAI is not responsible for any misrepresentation by any agent signing this form.

PRINT NAME OF COMPETITOR

SIGNATURE OF COMPETITOR

WITNESSED BY

DATE



2025 NACMAI COUNTRY MUSIC WEEK PERFORMER & STATE ADVERTISEMENTS

ADVERTISING INFORMATION

**ADVERTISE IN OUR COMPETITION SCHEDULE AND
AWARDS SHOW PROGRAM. PRICING IS THE SAME FOR
EACH BOOK. DEADLINE IS 01/10/25.**

FULL PAGE AD, 8" X 10.5"	\$200
HALF PAGE AD, 8" X 5.25"	\$150
QUARTER PAGE AD, 4" X 5-25"	\$85
INSIDE FRONT FULL PAGE	\$225
INSIDE BACK FULL PAGE	\$225
BACK FULL PAGE	\$225

**THESE FEES ARE PAYABLE TO NACMAI BY MONEY ORDER
OR CASHIERS CHECK VIA MAIL TO PO BOX 1145,
MAYNARDVILLE, TN 37807**

GRAPHIC DESIGN FEES

GRAPHIC DESIGN FEES ARE ADDITIONAL

FULL PAGE \$100

HALF PAGE \$75

QUARTER PAGE \$50

**THESE FEES ARE PAYABLE TO BRIANNA SUEPPEL VIA
VENMO (@BRIANNASUEPPEL), ZELLE (951-551-1245), OR
PAYPAL (BRIANNAJANELLESUEPPEL@GMAIL.COM)**