

# THE DAVISON AREA CHAMBER OF COMMERCE

## FESTIVAL OF FLAGS



Davison  
Festival of Flags  
**Talent Show**  
Saturday - June 9, 2018



Name: \_\_\_\_\_ Act # \_\_\_\_\_

*Please Print*

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Cell#: \_\_\_\_\_ Age: \_\_\_\_\_ Birthday: \_\_\_\_\_

Parent's name if under 18: \_\_\_\_\_

**ACTS WILL  
BE FILLED ON  
A FIRST  
COME, FIRST  
SERVED BASIS**

*Thank you for your participation in the 2018 Festival of Flags Talent Show!*

**Date:** Saturday, June 9<sup>th</sup> **Registration:** 1pm **Showtime:** 2pm

**Location:** Lake Callis Recreation Complex (1152 N. Gale Rd)

**Check in:** at registration table located in the Grand Pavilion and receive your Act#

**Cost:** \$10 for a single person act and \$5 per person for each additional participant

### *~ Rules for the Event ~*

- ★ There will be 3 Winners and Prizes in each division  
Juniors (age 12 & under) Teens (age 13-19) Seniors (age 20 & up)
- ★ Auditions will be open to the public
- ★ This is a community event and no inappropriate material will be allowed
- ★ All decisions of the judges are final
- ★ If you have any further questions please feel free to contact the Chamber office

By signing this form I declare that I will not hold the Davison Area Chamber of Commerce, Davison Township, Sinclair Entertainment or anyone associated with this Talent Show responsible for any accidents, injuries or illness that may occur while on the premises or while in production of this event. We are not responsible for the loss of personal belongings or valuables of any participants or their guests. By accepting this reservation, it is agreed that all Participants are expressly assuming the risk of any harm arising from their use of the premises or others whom they invite to use the premise. I hereby release any photos or videos taken by Talent Staff to be released to Davison Chamber of Commerce to be used for future advertisement. I have read and am fully aware of the rules and regulations, knowing full well that I will forfeit my right to participate if I am found in noncompliance.

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date

**Please return this form and payment to: Davison Chamber of Commerce 410 Flint St., Davison, MI 48423**