

COLLIER HAS TALENT

Contestant Application

Participant Name: _____ **AGE:** _____

Phone number: () _____ Email: _____

Soloist Group act

If group, identify group leader for contacting purposes: _____

List other participants: (Name and Age) –
maximum of 6 total participants in an Act

Name: _____ Age: _____ Name: _____ Age: _____

Name: _____ Age: _____ Name: _____ Age: _____

Name: _____ Age: _____

Description of the act:

Performance Information

Performance Category:

- Vocal
- Instrumental
- Dance
- Comedy
- Magic
- Other, please specify: _____

Name of Act or song and artist/composer:

Performance Length _____ (no more than 5 minutes)

Amount of time needed to set up: _____ minutes

Amount of time needed to breakdown/strike after performance: _____ minutes

Technical/Stage Needs (if any): _____
