

Entry Form please print

Contestants	name.		Dat	e oi biit	.[1]/	/
	First	Last				
Legal Guard	ian Name (s):					
	First	Last				
Contestant F	Phone: ()	· Guardian Phone: (_)			
Contestant E	Email:	Guardian Email:				
Mailing Addr	ess:					
	Street	City		Z	Zip	
Stage or Gro	oup Name if different from	Contestant Name:				
Description of	of Act:					
Names of Ad	dditional Performers in Gro	oup if any: 1)				-
2)		3)				
4)		5)				
Each Addition	nal performer must fill out a F	Registration Form Please list additional	names on l	Back of t	form.	
(Accompanim	nent tracks must be submitted	d if accepted to perform and must be a	n mp3 forma	at)		
participate in from any and participating in claim or dema provided by the losses whatso staff of the Co	Mokena's Got Talent. I/We I all liability, damages, or clair n any rehearsal, activity or pound against the Company if an e Company. I will look to move the company in any injury occurs. The ompany participating in Moke	nission for my/our child	nere in referichat may occulusic, Inc. I rehearsal, at to pay all mees, subconti	red to as cur to my I agree th activity or edical bill ractors, v e any ph	The Com Child whith the Child whith the Child will make the Child white the Ch	pany) ile ake no nce es or and
Guardian Signature:			Date:	/	/	
		e person \$10 for groups, forms must b				
PAID\$	Check #	Cash Date:				