



**Blue Ridge Community Theatre
Presents:
High Country's Got Talent**



Participation Form

Participants Name: _____ AGE: _____

Phone number: _____

E Mail: _____

- Soloist
- Group Act

(If group, identify group leader for contact purposes: _____)

If Group act, list other participants:
(Name and Age)

Description of the act:

Performance Information

Performance Category:

- Vocals
- Instrument
- Dance
- Comedy
- Magic
- Storyteller
- Other

If Other, please specify: _____

Name of Act or song and artist/composer:

Approx. Performance length: _____

Technical Needs (if any- Please note No Pyro or fire acts, no Glitter and no nudity in the Venue):

Parent's Signature: (If under 18 years of age) _____