



Please check appropriate box

SENIOR TALENT COMPETITION (13 – 19 YEARS)

JUNIOR TALENT COMPETITION (6 - 12 YEARS)

October 6th to 12th, 2009

NAME OF ACT (Soloist or Group) _____

NAME OF PERFORMER (OR NAME OF LEADER IF GROUP) _____

HOME TELEPHONE _____

TALENT CATEGORY COMPETING IN: (Check one)

- a) Solo Vocal
- b) Solo Dance
- c) Group Dance
- d) Variety

MEMBERS OF ACT (including Leader)

NAME	FULL ADDRESS & POSTAL CODE	DATE OF BIRTH		
		Day	Month	Year
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

PLEASE GIVE A BRIEF DESCRIPTION OF YOUR ACT

IF INSTRUMENTAL, WHICH INSTRUMENT(S): _____

PIECE TO BE PERFORMED: _____

DO YOU NEED?? A CD PLAYER _____ CASSETTE PLAYER _____ OTHER _____

I (We) wish to enter the Talent Show at the Preliminary Competition at the Simcoe Little Theatre, Simcoe on Saturday, September 19th, 2009 at 10:00 a.m. and if chosen I will go forward to the finals on Saturday, October 10th, 2009 at the Norfolk County Fair and Horse Show to be held in the Recreation Arena.

I (We) agree that performance is at my (our) own risk and organizers will not be responsible for personal injury or loss or damage to personal property, however caused, at a preliminary contest or at the Norfolk County Fair.

I (We) have read, understand and agree to abide by all the rules and regulations of the contest.

DATE: _____

SIGNATURE: _____
(Parent or Legal Guardian to sign for minors)

PLEASE RETURN TO FAIR OFFICE PRIOR TO, 4 P.M on Tuesday September 15th, 2009

172 South Drive, Simcoe, Ont. N3Y 1G6 519-426-7280 Fax 519-426-7286