

**2016  
Izard County Fair  
Youth Talent Contest**

**Friday, August 12, 2016  
Immediately following Beauty Pageants  
John E. Miller Auditorium, Ozarka College**

**Entry Form**

*Please check Category:* Vocal Solo\_\_\_\_\_ Vocal Group\_\_\_\_\_ Instrumental Solo\_\_\_\_\_ Dance  
Solo\_\_\_\_\_ Dance Group\_\_\_\_\_ Variety\_\_\_\_\_

**Name of Act if a Group:** \_\_\_\_\_

If instrumental or vocal, what is the name of the song? \_\_\_\_\_

**Contestant Name:** \_\_\_\_\_ **Age** \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_  
Telephone \_\_\_\_\_ Email \_\_\_\_\_  
Contestant Signature \_\_\_\_\_ Parent Signature \_\_\_\_\_

.....

**Contestant Name:** \_\_\_\_\_ **Age** \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_  
Telephone \_\_\_\_\_ Email \_\_\_\_\_  
Contestant Signature \_\_\_\_\_ Parent Signature \_\_\_\_\_

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**Contestant Name:** \_\_\_\_\_ **Age** \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_  
Telephone \_\_\_\_\_ Email \_\_\_\_\_  
Contestant Signature \_\_\_\_\_ Parent Signature \_\_\_\_\_

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**Contestant Name:** \_\_\_\_\_ **Age** \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_  
Telephone \_\_\_\_\_ Email \_\_\_\_\_  
Contestant Signature \_\_\_\_\_ Parent Signature \_\_\_\_\_

(Attach Information for additional contestants on back)

Please provide information to be used to introduce you and your act. For example, how long have you been performing, when did you join a dance group, why you made your particular music selection, and why you entered the youth talent contest, etc.?

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**When signing this form, Contestants and Parents acknowledge they have read, understand, and agree to comply with the rules of the IZARD COUNTY FAIR YOUTH TALENT CONTEST.**

**Release and Waiver by Parent or Guardian**

We will publish winners on our website and may include photographs of individuals and groups. Names of individuals may be used to identify these people in photographs. Individuals with Internet access around the world will be able to view this information. We will publish photographs unless you sign below. If you sign below, the photograph will not be displayed.

Do not publish my child's photo on the World Wide Web

Parent or Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**Signature of Adult Responsible for Contestant(s) if under 18** \_\_\_\_\_

**Contact Information: Telephone** \_\_\_\_\_ **Email** \_\_\_\_\_

**Date** \_\_\_\_\_



Return to Contest Director by Monday, August 1, 2016.

Please include \$10.00 entry fee made payable to IZARD COUNTY FAIR ASSOCIATION

Mail to:

Izard County Fair Talent Contest  
P.O. Box 775  
Melbourne, AR 72556