



## Talent Festival Audition Application

Call Ginny Ackerson at **801-489-4994** to schedule your audition.

Please fill out this form completely and bring it to your audition.

**NAME OF MUSICAL NUMBER:** \_\_\_\_\_

**COMPOSER:** \_\_\_\_\_

**PERFORMERS**

One  
Two  
Three or more \_\_\_\_\_

**TYPE**

Vocal  
Instrumental  
Dance  
Martial Arts  
Other \_\_\_\_\_

**INSTRUMENTS**

Piano  
Violin  
Guitar  
Other \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PARTICIPANTS:**

NAME: \_\_\_\_\_  
Address: \_\_\_\_\_  
Email: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Age: \_\_\_\_\_ Grade: \_\_\_\_\_

NAME: \_\_\_\_\_  
Address: \_\_\_\_\_  
Email: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Age: \_\_\_\_\_ Grade: \_\_\_\_\_

**PARTICIPANTS:**

NAME: \_\_\_\_\_  
Address: \_\_\_\_\_  
Email: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Age: \_\_\_\_\_ Grade: \_\_\_\_\_

NAME: \_\_\_\_\_  
Address: \_\_\_\_\_  
Email: \_\_\_\_\_  
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**PARTICIPANTS:**

NAME: \_\_\_\_\_  
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Phone: \_\_\_\_\_  
Age: \_\_\_\_\_ Grade: \_\_\_\_\_

NAME: \_\_\_\_\_  
Address: \_\_\_\_\_  
Email: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Continue on the back if there are more than 6 performers.