



OFFICIAL REGISTRATION FORM

There is no charge to enter this competition

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

AGE _____ PHONE _____

EMAIL ADDRESS _____

**PREAUDITIONS ARE AUGUST 15th, 2010.
AT SIOUX CITY COMMUNITY THEATRE
1401 Riverside Blvd. Sioux City
YOU WILL BE CONTACTED WITH MORE INFORMATION**

PERFORMANCE CATEGORY (PLEASE CIRCLE ONE)

VOCAL DANCE INSTRUMENTAL ARTISTIC COMEDIC

IS THIS A SOLO OR GROUP ENTRY? _____

(ATTACH FORMS FOR EACH GROUP MEMBER)

Your signature gives ArtSplash and SCCT the right to use your image for promotional use without compensation. If performer is a minor, parental signature is required below.

SIGNATURE _____ DATE: _____

PARENT SIGNATURE _____ DATE: _____