

APPLICATION FORM



Contestant Information			Last Name	First Name
Residential Address				
City, Province			Postal Code	
Home Phone	Cellular/Pager	E-mail address		
Date of birth (Day/Month/Year)	Age	Gender	SIN #	

Performance Information				Stage Name / Alias	
Performance Title					
Type of performance (please ✓ all applicable)					
<input type="checkbox"/> Dance	<input type="checkbox"/> Vocal	<input type="checkbox"/> Instrumental	<input type="checkbox"/> Band	<input type="checkbox"/> Other, _____	
Length of Performance (under five-minutes)			Set-up Time (under two-minutes)		
minutes		seconds	minutes		seconds
Please give a brief description of the highlights of your performance, and/or your background or your group's background as it relates to your performance.					

How did you hear about Youth Talent Showdown?					
<input type="checkbox"/> Friends/Family	<input type="checkbox"/> TV	<input type="checkbox"/> Newspaper	<input type="checkbox"/> School	<input type="checkbox"/> Other (specify), _____	

I have read the **Rules and Regulations** and completed **Release and Waivers**.

YES NO

Nomination Form			<i>Nominator must be a Canadian resident over 21 years of age on the day the Contestant submits the Application Form.</i>		
Last Name	First Name	I have known the Contestant since (Year)			
Residential Address		City, Province	Postal Code		
Home Phone	Cellular/Pager	SIN #			
I certify that all the information given by the Contestant and by me is true and correct to the best of my knowledge and belief.					
Signature:			Date:		