**Roberta-Crawford County Chamber of Commerce presents: CRAWFORD’S GOT TALENT**

Entry Fee: $ 25.00 Per Act

Prizes: 1st Place $ 150.00, Trophies for 2nd and 3rd

Performance Divisions: Division 1: Pre-K (4yrs) – 5th Grade

Division 2: 6th Grade - 12th Grade (up to 18 years old)

Division 3: 19 years old and over

Entry Forms: May be obtained at Chamber Office and submitted by October 17th accompanied by Entry Fee.

Auditions: Auditions conducted on Thursday, October 17 at the Board of Education Auditorium from 6:00 – 8:00 PM. ACTS MUST BE IN GOOD TASTE. Inappropriate forms of dress, conduct, signs, profanity, vulgarity or lewd/suggestive behavior will not be permitted. Violators will be **disqualified** and not allowed to compete. The decisions of the judges in this regard will be final. Acts at auditions will be essentially the same as those presented during contest.

Dress Rehearsal: Dress Rehearsal will be on Friday, October 25 from 6:00 – 7:00 PM.

Miscellaneous: \*All performers must be at auditorium by 5:00 PM on October 26 to receive performance aprons or patches designating Talent Division and Number. Order of appearance will be assigned at that time. Aprons or patches must be worn throughout the competition.

\*All dancers must provide required footwear; tap, ballet, jazz, etc.

\*No act will be permitted requiring more than 12 feet of ceiling height

\*All acts must be Amateurs; no professional (paid) performers will be allowed.

\*Acts will be permitted a 10-minute time limit, **including** setup. A penalty of one point per 30 seconds will be assessed for exceeding time limit.

\*Performers may appear in only one act. Violation will result in **Disqualification** for both acts.

\*Large groups should be aware of stage size and limit movement accordingly.

\*Performers under the age of 18 must provide written consent of parent or guardian.

Thank you for your participation. As they say in theater: “Break a Leg!”

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_

**RCCCoC Talent Show Entry Form Crawford County’s Got Talent**

Individual Act, Name and age division:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Individual: Address and phone contact:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Group Act ; Group Name; and Age division\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name and age of each contestant of group\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Group Contestant Lead -Contact information Address, Phone and Email:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Form of Talent : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Vocal talent-Name of Song, Artist and use of CD. Provide CD for possible recording to master CD (CD will be returned). Total time on stage (10 minutes to include any set up needed) Stage will be equipped with live microphone system. Other set up may be a small change in scenery by contestant.

List any additional equipment needed for performance\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Release of Liability: Name of Contestant(s) or Group**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

In consideration of the risk of injury while participating in Roberta Crawford County Chamber of Commerce Talent Show and as consideration for the right to participate in the Crawford County’s Got Talent Show, I hereby, for myself, my heirs, executors, administrators, assigns, or personal representatives, knowingly and voluntarily enter into this waiver and release of liability and hereby waive any and all rights, claims or causes of action of any kind whatsoever arising out of my participation in **the Crawford County’s Got Talent Show and do hereby release and forever discharge Roberta Crawford County Chamber of Commerce and Board and Crawford County Board of Education, Superintendent and Board Members located at 109 Crusselle Street, Roberta Georgia,** Their affiliates, managers, agents, attorneys, staff, volunteers, heirs, representatives, predecessors, successors and assigns, for any physical or psychological injury, including but not limited to illness, paralysis, death, damages, economical or emotional loss that I may suffer as a direct result of my participation in the aforementioned Activity, including traveling to and from an event related to this Activity.

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent or Guardian Signature­­­­­­­­­­­­­­­-­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*\*If you are under 18 years of age, EACH PARTICIPANT MUST have a parent or guardian’s signature\*\***

**Parent/Guardian Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DATE\_\_\_\_\_\_\_\_\_**

**Participant Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DATE\_\_\_\_\_\_\_\_\_**

**Group Participant Signatures\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE\_\_\_\_\_\_\_\_\_**

**Please complete and return by Thursday, Oct. 17, 2019, prior to Auditions scheduled that evening to Patti Temple at the Roberta Crawford County Chamber of Commerce office 39 Wright Avenue or P.O. Box 417, Roberta, Georgia 31078. If mailed must be received no later than morning of October 17, 2019.**