

Youth Talent Showdown 2005

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)	
	<i>minutes</i> <i>seconds</i>		<i>minutes</i> <i>seconds</i>
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.			

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:	