



Raise the Roof Talent Search & Competition Entry Form

Deadline to enter is Friday, February 12, 2016.

Please print and complete this form. Bring completed form along with entry fee(s) into the SCHF office or mail to SCHF, 1302 Adams Street, Vicksburg, MS 39180.

I have read and understand and agree with all information and rules provided.

___ YES (Please check and sign below)

Signature _____ Date _____

RAISE THE ROOF TALENT SEARCH & COMPETITION CONTESTANT INFORMATION SHEET

RRTSC reserves the right at any point in the competition, to disqualify you from the competition should you at any stage supply false or misleading details, or for any reason whatsoever at the Contest administrator's sole discretion. Good Luck!

Performer name or group name: _____

Check the category in which you wish to compete (**limit of two** categories- a contestant may compete in one Individual Category and in one Group Category).

- | | |
|--|---|
| <input type="checkbox"/> INDIVIDUAL VOICE | <input type="checkbox"/> VOICE GROUP (3 or more members) |
| <input type="checkbox"/> INDIVIDUAL MUSIC | <input type="checkbox"/> MUSIC GROUP (3 or more members) |
| <input type="checkbox"/> INDIVIDUAL DANCE | <input type="checkbox"/> DANCE GROUP (3 or more members) |
| <input type="checkbox"/> INDIVIDUAL DRAMA | <input type="checkbox"/> DRAMA GROUP (3 or more members) |
| <input type="checkbox"/> INDIVIDUAL COMEDY | <input type="checkbox"/> COMEDY GROUP (3 or more members) |

Name and birthdate of individual contestants and/or group members (mm/dd/yyyy). Attach a list if necessary to include all group members.

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

Performers under 18 years of age MUST have a parent/guardian permission form in order to compete (please attach to this entry form).

Please list song title and composer of the song you intend to perform or perform to:

A piano and a sound system that includes a CD player, microphones, and speakers will be available. Please check any of the following that you require:

___ piano
___ CD player
___ number of microphones needed

Entry Fees:

\$10 for all Individual Categories \$30 for all Group Categories

Main Contact Person: _____

Home Phone: _____ **Cell Phone:** _____

Email Address: _____

Unless otherwise indicated, all correspondence from SCHF to the participant will be made through email.

Mailing Address: _____

City/State/Zip Code: _____

Entry fee(s) of \$ _____ is enclosed.

Please bring with you:

- Copy of entry form
- Proof of age
- Parent permission form if under age 18

For office use only

Date entry form was received _____

Entry fee received \$ _____

How it was received:

___ check (#)
___ credit card
___ cash

Checklist:

___ completed entry form (signed, dated and all information filled in)
___ payment received
___ permission form if under age 18