



CONTESTANT APPLICATION

GROUP LEADER INFORMATION:

First Name _____ Last Name _____

Address _____

City _____ State _____ Zip _____

Primary Phone _____ Alt Phone _____

Email Address _____

GROUP INFORMATION:

Name of Act/Group _____

Please Describe Your Act _____

Are there any members of your act that are under the age of 18? Yes ___ No ___

Link to Video Audition www._____

PAYMENT INFORMATION

Participation Fees: Individual act – \$30
Group act – \$60

Number of People in Your Act _____ Total Amount Due: \$_____

Form of Payment: Cash ___ Check ___ Credit Card ___
Type of Credit Card: VISA MasterCard AmEx Discover
Name on the Card _____
Credit Card Number _____
Expiration Date _____ Security Code _____