

Allen County Fair & ABWA Women of Magnitude Youth Talent Contest Entry Form

\$10 Early Entry – received by July 17th or \$15 Entry Day of Event

Name of Act / Name of Song: _____

All Correspondence concerning this act's performance should be sent to:

Name: _____ email: _____

Signature: _____

Address: _____

Provide the following info about contestant(s): (If individual, mark same as above. List all group contestant info on back)

1.) Name: _____ Birthdate: _____

Address: _____

City/State/Zip: _____

Parent/Guardian: _____

Signature: _____

Check Appropriate Category: Junior 12 and under / Senior 13-21 years of age

- | | | | | | | | |
|----|--------------------------|--------------------------|--------------------|-----|--------------------------|--------------------------|------------------------------|
| 1. | <input type="checkbox"/> | <input type="checkbox"/> | Vocal Solo | 7. | <input type="checkbox"/> | <input type="checkbox"/> | Novelty Solo |
| 2. | <input type="checkbox"/> | <input type="checkbox"/> | Vocal Group | 8. | <input type="checkbox"/> | <input type="checkbox"/> | Novelty Group |
| 3. | <input type="checkbox"/> | <input type="checkbox"/> | Instrumental Solo | 9. | <input type="checkbox"/> | <input type="checkbox"/> | Tumbling (free X only) Solo |
| 4. | <input type="checkbox"/> | <input type="checkbox"/> | Instrumental Group | 10. | <input type="checkbox"/> | <input type="checkbox"/> | Tumbling (free X only) Group |
| 5. | <input type="checkbox"/> | <input type="checkbox"/> | Dance Solo | 11. | <input type="checkbox"/> | <input type="checkbox"/> | Clogging Solo |
| 6. | <input type="checkbox"/> | <input type="checkbox"/> | Dance Group | 12. | <input type="checkbox"/> | <input type="checkbox"/> | Clogging Group |

Check One: This Act Will Will NOT use music (2-minute limit solo acts, 2:30-minute limit group acts)
(Bring music on a flash drive or phone / mp3 player with speaker jack / output.)

The Allen County Fair Youth Talent Contest will be held at 6:00pm on Tuesday, July 24th at the Home & Family Arts Building. Registration is 5:00 – 5:30pm. Please come ready to perform, bathrooms are the only resource provided for changing.

Awards will be provided for 1st and 2nd place winners. All 1st place winners will go on to represent Allen County at the Indiana State Fair Youth Talent Contest. You may enter more than one category at the county level but must choose which you will enter at the State Fair. We use the same rules as the Indiana State Fair, a copy can be obtained from our website www.TheAllenCountyFair.com. Groups must compete in the division determined by the ages of the majority of the group. Age is determined by calendar year.

NO NEED TO LIVE IN ALLEN COUNTY.

Mail entry forms to the address below or bring them with payment the day of the event. Contestant family members WILL still need to pay gate admission to the Allen County Fair. Free admittance will be granted to only the participants and one chaperone.

Leigh Roberson – 2726 Carroll Road, Fort Wayne – 260.449.4444 – talent.acf@gmail.com

Please provide the following information of the group act, include all group members:

2.) Name: _____ Birthdate: _____
Address: _____
City/State/Zip: _____
Parent/Guardian: _____
Signature: _____

3.) Name: _____ Birthdate: _____
Address: _____
City/State/Zip: _____
Parent/Guardian: _____
Signature: _____

4.) Name: _____ Birthdate: _____
Address: _____
City/State/Zip: _____
Parent/Guardian: _____
Signature: _____

5.) Name: _____ Birthdate: _____
Address: _____
City/State/Zip: _____
Parent/Guardian: _____
Signature: _____

6.) Name: _____ Birthdate: _____
Address: _____
City/State/Zip: _____
Parent/Guardian: _____
Signature: _____

7.) Name: _____ Birthdate: _____
Address: _____
City/State/Zip: _____
Parent/Guardian: _____
Signature: _____

8.) Name: _____ Birthdate: _____
Address: _____
City/State/Zip: _____
Parent/Guardian: _____
Signature: _____

9.) Name: _____ Birthdate: _____
Address: _____
City/State/Zip: _____
Parent/Guardian: _____
Signature: _____

10.) Name: _____ Birthdate: _____
Address: _____
City/State/Zip: _____
Parent/Guardian: _____
Signature: _____