

# Cherry Days' Got Talent Entry Form



Performer's (or Group) Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

What talent will you be sharing? Include the names, if any, of those joining you.  
*Talent content and costumes/attire must be family oriented. Please submit song lyrics.*

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How long is your performance? \_\_\_\_\_

What equipment do you require, and what media will you be using? *i.e., # microphones, CD, iPod, etc.* \_\_\_\_\_

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If you are under the age of 18 please have a parent or guardian sign.

I, \_\_\_\_\_, give \_\_\_\_\_ permission to perform in the Cherry Days' Got Talent show.

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

\_\_\_\_\_  
Date

**Questions? Call Michael Zimmerle at (970) 201-5013.  
Send form to Cherry Days Talent Show, P.O. Box 1470, Paonia, CO 81428**