

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.

How long is your performance? _____

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

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 Tony Soto at 303-909-0029.
Send form to Paonia Cherry Days, P.O. Box 1703, Paonia, CO 81428**