Children's Talent Show Application

| Child's Full Name | | Age | | Parent/Guardian Name |
|--------------------------------|------------------|----------|----------------------------------|----------------------|
| | Contact Phone | | Conta | act Email |
| | Talent/Performan | ce Type | | Brief Description of |
| | | | | |
| | | | | |
| Performance | aguinment? | | | |
| Do you require any of Yes O No | equipment? | | | |
| If yes, please specify | | Comments | Comments or Special Requirements | |
| | | | | |
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