

# **Talent Competition Entry Form** *(separate form is needed for each act)*

County/Town Represented: \_\_\_\_\_

Name of Talent Act: \_\_\_\_\_

Contact person: \_\_\_\_\_

Phone: \_\_\_\_\_ **Non-School** Email: \_\_\_\_\_

Name and age of each individual in act: \_\_\_\_\_

Name of accompanist: \_\_\_\_\_

Division:

Junior Division (Acts with an average age of under 16 years on Jan. 1 of the Festival year)

Senior Division (Acts with an average age between 16 and 25 years on Jan. 1 of the Festival year)

Type of act *(Be specific, i.e. vocal solo, duet, instrumental, dance, etc.)*: \_\_\_\_\_

Song and/or name of piece to be performed: \_\_\_\_\_

Equipment/instruments to be used (piano provided): \_\_\_\_\_

**IMPORTANT: You are responsible for providing two USB flash drives with the music/recordings you wish to use. You will get the drives back after you have competed.**

Is extra time required to set up the stage for your act?  Yes  No

List any additional interesting information you think would add to creating publicity for this act on additional paper.

This could be used by the emcee at the talent show. \_\_\_\_\_

## **Information Release**

The South Dakota Snow Queen Festival recognizes the potential dangers associated with the posting of personally identifiable information on a website or social media website due to a lack of control for who can access the information; however, we as a Festival want to celebrate you and your accomplishment. The law requires that we ask for your permission to use information about yourself.

By agreeing to this release, you are granting the South Dakota Snow Queen Festival permission to use your photo and other personal information on the Official South Dakota Snow Queen Festival Facebook page and website. By signing this form, you also agree to hold the South Dakota Snow Queen Festival harmless from any reasonable expectation of privacy or confidentiality associated with the images specified above. Furthermore, you release the South Dakota Snow Queen Festival, its committee members, its ambassadors, and any third parties involved in the creation or publication of marketing materials, from liability for any claims by me/us or any third party in connection with me/my child's participation.

If you, as the parent or guardian, wish to rescind this agreement, you may do so at any time in writing by sending a letter to the South Dakota Snow Queen Festival Committee and such rescission will take effect upon receipt by said committee.

\_\_\_\_\_  
*Talent Act (Representative) Signature*

\_\_\_\_\_  
*Parent/Guardian Signature*

## **Sponsor's Certification** *(To be completed after local contest)*

We hereby certify that the talent act named above was selected at the local contest in accordance with the requirements set forth by the SDSQ Festival.

Sponsoring Organization: \_\_\_\_\_

Chairperson: \_\_\_\_\_

Email: \_\_\_\_\_

**Note for Local Contest Coordinator:** This completed form should be **emailed to [sdsqtalent@gmail.com](mailto:sdsqtalent@gmail.com) within 3 days of your local contest.**