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**BILL RILEY TALENT SHOW**

**REGISTRATION FORM**

To register for your local Bill Riley Talent Search please complete this form and return to local show coordinator.

Name:

Age:

Birth Date:

Division (mark one): Sprout (age 2-12) \_\_\_\_\_\_ Senior (age 13-21)\_\_\_\_\_

Type of Talent:

Song Name:

Address:

Town: Zip Code: County:

Email: Phone:

(For multiple acts provide name, age and birth date - from left to right, as seen from the audience)

**MULTIPLE PARTICIPANTS**

NAME:

AGE:

BIRTHDATE:

TOWN:

**MUST BRING A COPY OF MUSIC ON A CD IF YOU NEED MUSIC PLAYED FOR YOUR PERFORMANCE. PLEASE MARK IT WITH YOUR NAME AND NAME OF THE SONG.**

REGISTRATION FORM CAN BE SENT TO KELLYPEVESTORF@GMAIL.COM BY JULY 9TH.

CONTACT INFORMATION – 712-790-0037