

Talent Show Audition Form

Personal Information

Name: Date:
 First Last

Address:

City: State: Zip:

Phone: (Home) () - Birhtdate: - -

Phone: (Cell) () -

Email:

Performance Information

Type of Talent:

Description of Talent:

Music Selection: (If any)

Special Requirements:
(Sound, lights, props, etc.)

Have you ever performed this talent for an audience before? If so, tell us where and when.

If you make the show, would you like to purchase an advance copy of the DVD? Yes No

Do you have any previous experience performing for an audience? Any groups or teams you belong to? Tell us about it?

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