

KEYCON HAS TALENT REGISTRATION

FORM & SUBMISSION INSTRUCTIONS:

Please Read and Fill out all Sheets in your **KEYCON HAS TALENT PARTICIPANT PACKAGE**

WEVCON MEMBERSHIP #		Hand in your complete Participant Package to			
KEYCON MEMBERSHIP#	·	at least hour(s) before show tim			
	at this location:				
SECTION 1 – THE ACT					
ACT PERFORMERS: SOLO GROUP ACT # OF PERFORMERS IN GROUP ACT: MINOR(S) IN ACT? Yes No ALL MINORS REQUIRE AN ADULT GUARDIAN'S SIGNATURE TO PARTICIPATE	TYPE OF ACT BY CATEGORY: Singing Magic Dancing Art Creation Ventriloquism Comedy Other: *EQUIPMENT IS SUBJECT TO AVAILABILITY/SUFFICIENT NOTICE PLEASE BE ADVISED THAT THE ORGANIZER OF THIS EVENT	Other:			
	WILL TRY TO FILL YOUR REQUEST, BUT MY NOT BE ABLE TO.				
SECTION 2 – PERFORM	ER INFO & ACT INTRODUCTION				
TITLE OF ACT: Example: The Amazing Flowers of Madame Zuul, The Incredi	ible Igor and his Performing Fingers, Presto the Magician, etc.				
LEGAL NAME OF PERFORMER:					
	FIRST NAME L	AST NAME			
NAME USED FOR PERFORMANC If you want to be known by a performing name instead of you					
ACT'S INTRODUCTION FOR STAG	ie.				

STAFF ONLY #2 #3 #4 _____

If you need more room, please attach a separate sheet.

STAFF ONLY GROUPS – ALL FORMS IN?

STAFF ONLY KEYCON YEAR STAFF ONLY ACT #

#5_



KEYCON MEMBERSHIP #

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The MC	at least	hour(s) before show time
at this location: _		

SECTION 3 – WAIVER/MEDIA RELEASE

I/WE; the below named and, in the case of minors, an adult guardian have read the *Keycon Has Talent Participants' Rules* either on the website at keycon.org/Talent and/or the printed copy provided in the Keycon Has Talent Participant Package.

I/WE hereby acknowledge that I/We have read the *Keycon Has Talent Participants' Rules* and agree to adhere to the Code of Conduct, verdicts made by the Judge(s) and will not hold Keycon, its WINSFA, Keycon volunteers and/or venue facility/staff responsible for my personal property, injury or loss except in the case of gross negligence on the part of those cited above.

I/WE understand and agree that my/our images, sounds and motions maybe capture by one or more media recording devices and that they maybe used in the future for Keycon promotions, publications, internet web page display and social media posting(s) without recompense.

SECTION 4 – BY SIGNING BELOW YOU AGREE TO THE TERMS ABOVE

ACT PERFORMER(S):	Solo (adult)	Solo (minor)			
	Group (adults)	Group (minors)	☐ Group (mixe	d ages)	
	# of People in Group	PLEASE ENSURE THAT A	ALL MEMBERS COMPLETED PACK	AGES ARE SUBMITTED TOGETHER	
PERFORMER'S NAME	:				
PLEASE PRINT LEGAL NAMES	FIRST NAME	LAST NAME		KEYCON MEMBERSHIP NUMBER	
MAILING ADDRESS		CITY/TOWN, PROVINCE/STATE	(COUNTRY)	POSTAL CODE/ZIP CODE	
EMAIL ADDRESS				PHONE/CELL NUMBER	
SIGNATURE:					
SIGNATURE — FIRST & LAST NAMES			DATE OF SIGNATUR	E — MONTH/DAY/YEAR	
SIGNATURE OF ADULT GUARDIAN/PARENT: I, THE ADULT GUARDIAN/PARENT OF THE ABOVE NAMED MINOR HAVE READ THE RULES AND WAIVER/MEDIA RELEASE AND AGREE TO ALLOW MY CHILD TO PARTICIPATE IN KEYCON HAS TALENT FOR-FUN TALENT SHOW BY SIGNING THIS DOCUMENT.					
PRINT GUARDIAN'S FIRST AND LAST	NAME				
		277.276	CHATURE MONTH (NAVA)CAR		
SIGNATURE OF GUARDIAN — FIRST A	ND LAST NAMES	DATE OF SIG	GNATURE - MONTH/DAY/YEAR		