



2007-2008 OFFICIAL REGIONAL ENTRY FORM

(PLEASE PRINT OR TYPE)
RISING STAR TALENT PRODUCTIONS
P.O. Box 507
6701 Bevelhymer Rd.
New Albany, OH 43054
Office: 614/855-7720 FAX: 614/855-7714
TOLL FREE: 1-800/438-0886

Please complete all questions. All entries must be POSTMARKED 21 DAYS before the competition date.
LATE ENTRIES MUST BE MAILED EXPRESS MAIL OR FAXED to our office WITH CASHIER'S CHECK OR MONEY ORDER.

CONTEST LOCATION _____ CONTEST DATE _____

LEVEL 1 SOLO _____ LEVEL 2 SOLO _____ DUET/TRIO _____ SMALL GROUP _____
LARGE GROUP _____ LINE _____ SUPER GROUP _____ ADULT _____

NAME _____ BIRTHDATE _____ AGE _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____ EMAIL: _____

DAYTIME PHONE NUMBER _____ FAX NUMBER _____

(If more than one, list all participants and their birthdate on the back of this sheet.)

STUDIO NAME _____

STUDIO ADDRESS _____ CITY _____ STATE _____ ZIP _____

STUDIO PHONE NUMBER _____ STUDIO FAX NUMBER _____

Table with columns: CHECK CATEGORY, ENTRY FEES. Includes items like Tap, Ballet, Pointe, Jazz, Lyrical Dance, Clogging, Musical Theater, Character, Gym/Acro, Hip Hop, Song & Dance, Novelty, Pom Pom/Cheer, Vocal, Open, Production, Character Portrayed?, Are You Using Mats?, Solo, Duet/Trio, Group, Photogenic, Late Fee, Amount Paid for Overtime, Total Entry Fee Enclosed.

NAME OF MUSIC _____

("TO BE ANNOUNCED" or "TEAM TITLES" - will NOT be accepted!!)

We hereby release the directors of RISING STAR Talent Productions from any and all claims for damages or injuries which we may sustain while participating in any activity connected with this competition.

CONTESTANTS SIGNATURE _____

SIGNATURE OF PARENT (If under 18 years old) _____

STUDIO REPRESENTATIVE SIGNATURE _____

ANY STUDIO REPRESENTATIVE AUTHORIZED TO SPEAK ON BEHALF OF THE STUDIO _____

(Proof of age of each contestant must be available at each contest)
IF ADDITIONAL ENTRY FORMS ARE NEEDED, PLEASE DUPLICATE