



TALENT SHOW APPLICATION (SUSSEX COUNTY RESIDENTS ONLY)
(WINNERS FROM LAST YEAR ARE NOT ELIGIBLE TO PARTICIPATE THIS YEAR)
AUGUST 10, 2019

DIVISION (Please Circle):

Children's Division (ages 5 - 11) Junior Division (Ages 12 - 17) Adult Division (Ages 18 & Up)

Municipality: _____

Talent: _____ /Title of Music You Are Using: _____

PLEASE NOTE: ALL MUSIC MUST BE EMAILED TO:

yobobsound@yahoo.com by 8/5/19.

PLEASE REMEMBER YOU ARE ALLOWED 5 MINUTES FOR SET-UP (IF NEEDED) & YOUR PERFORMANCE CAN BE NO LONGER THAN 5 MINUTES

Name: _____ Age: _____

Parent(s)/Guardian Name: _____

Mail Address: _____

(Town)

(Zip)

Phone/Cell #: _____ Email Address: _____

Participants 18 & Older:

I release the Township/Borough/Town of _____, its Recreation Committee, the NJ State Fair and all other representatives from any & all liabilities. I also give consent to allow photographs of myself performing in the Talent Show to be published on the NJ State Fair website and/or local media outlets. My signature verifies that I have read the rules and will abide by them.

Signature _____

Date _____

Participants Under 18:

Parent's Release: I _____ hereby give my permission for my child _____ to enter the Talent Show at the NJ State Fair. I release the Township/Borough/Town of _____, its Recreation Committee, the NJ State Fair and all other representatives from any & all liabilities. I also give consent to allow photographs of my child performing in the Talent Show to be published on the NJ State Fair website and/or local media outlets. My signature verifies that I read the rules and will abide by them.

Parent Signature _____

Date _____

**PLEASE RETURN APPLICATION TO LOIS KINNEY, CHAIRPERSON, at
 lois.kinney@gmail.com OR MAIL TO PO BOX 637, BRANCHVILLE, NJ 07826
DEADLINE: JULY 26, 2019 - ABSOLUTELY NO EXCEPTIONS!**

OFFICIAL USE ONLY

Date Rec'd: _____

Tickets Mailed: _____