

# 2nd ANNUAL GAYLORD'S GOT TALENT

## CONTESTANT REGISTRATION

NAME: \_\_\_\_\_ AGE: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

MAILING ADDRESS (if differen): \_\_\_\_\_

PHONE: \_\_\_\_\_ CELL: \_\_\_\_\_

PLEASE DESCRIBE WHAT YOU WILL BE DOING FOR YOUR TALENT PRESENTATION:

\_\_\_\_\_

PLEASE TELL US A LITTLE ABOUT YOURSELF (when you began developing your talent, what you would like to do with your talent in the future, where you go to school/work, etc.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Thank you for participating in the Gaylord's Got Talent Competition. Please keep your talent clean (no offensive lyrics or gestures). Failure to abide by that standard will result in disqualification from the contest. All decisions by the panel of judges are final.

Signature of participant: \_\_\_\_\_

Parent/guardian signature: \_\_\_\_\_  
(If participant is under age 18)

**SPONSORED BY**  
**Gaylord Area Council for the Arts & Otsego County Fair Association**