

**Return by July 15, 2019**

**Return Entry Form with \$10.00 Entry Fee to:**  
Fulton County Fair Youth Talent  
Post Office Box 910  
Salem, AR 72576  
Phone: 870-895-5565

2019  
Fulton County Fair  
**Youth Talent** Entry Form  
(Ages 5 - 8 Years of Age)

**Talent Categories** (See competition rules for descriptions and **check one category**)

Vocal Solo \_\_\_\_\_ Vocal Group \_\_\_\_\_ Instrumental Solo \_\_\_\_\_ Dance Solo \_\_\_\_\_ Dance Group \_\_\_\_\_ Variety \_\_\_\_\_

Name of Song \_\_\_\_\_

(Name of Group if in Group Categories ): \_\_\_\_\_

Contestant Name: \_\_\_\_\_ Birthdate \_\_\_\_\_

Age: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Contestant Signature: \_\_\_\_\_ Parent Signature: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

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Contestant Name: \_\_\_\_\_ Birthdate \_\_\_\_\_

Age: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Contestant Signature: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

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Contestant Name: \_\_\_\_\_ Birthdate \_\_\_\_\_

Age: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Contestant Signature; \_\_\_\_\_

Parent Signature: \_\_\_\_\_

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Contestant Name: \_\_\_\_\_ Birthdate \_\_\_\_\_

Age: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Contestant Signature; \_\_\_\_\_

Parent Signature: ) \_\_\_\_\_

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Contestant Name: \_\_\_\_\_ Birthdate \_\_\_\_\_

Age: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Contestant Signature; \_\_\_\_\_

Parent Signature: \_\_\_\_\_

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\_\_\_\_\_  
Print Name of One Adult Responsible For Group

\_\_\_\_\_  
Print Contact Information – Cell Phone, Email Address

**BY SIGNATURE ABOVE, CONTESTANTS AND PARENTS ACKNOWLEDGE THEY HAVE READ, UNDERSTAND AND AGREE TO THE TALENT CONTEST RULES.**