

2017 Mountain Mushroom Festival

City of Irvine, Irvine City Hall 101 Chestnut Street, Irvine, Ky. 40336

mushroomfestival@irvineonline.net

www.mountainmushroomfestival.org

MOUNTAIN MUSHROOM FESTIVAL TALENT SHOW

Saturday, April 22, 2017

3:00 p.m. @ECHS Auditorium

397 Engineer Road

Irvine, KY 40336

Contact: Emma Day @ 606.975.9037

Sherry Murphy @606.723.3537

Contest Information and Rules:

- ☆ Bands may have the stage for 15 minutes, including set up time; all other acts will have five minutes on stage to show off their talent.
- ☆ First place winners for each age division will win a trophy and will have the option to have a 10 minute segment to perform on the Mountain Mushroom Festival Grand Stage on Saturday April 29th!
- ☆ 2nd and 3rd place will receive a medal and certificate for each age division.
- ☆ Contestants may perform in multiple groups of different acts.
- ☆ All contestants must be residents of Estill County.
- ☆ All acts need to be family friendly and be wearing appropriate attire.
- ☆ Registration needs to be returned to Irvine City Hall no later than Wednesday April 19th.
- ☆ Registration fee is \$10 per act.
- ☆ Registration forms will not be accepted without the registration fee.
- ☆ Participants under the age of 18 must have the accompanying parental consent form.
- ☆ A copy of all lyrics and music with lyrics must be submitted for review prior to the day of auditions.

Age Categories will be as follows:

- Elementary Division: Kindergarten - 5th grade
- Middle School Division: 6th grade - 8th grade
- High School Division: 9th grade - 12th grade
- Collegiate Division: Freshman - Senior (Up to age 25)

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Act Number _____

1. This registration is for (check one):

a. Individual Entry _____

b. Group Entry _____

Only one member of the group should complete the form, but each partner under the age of 18 must have a parent sign permission slip on the next page

Student's name (if Group Act, you must list all participants here)

Name	Address	Home Phone
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1.		
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2.		
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3.		
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4.		
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Please print VERY clearly! If more than four participants in a group act, add the name and information at the back of the page.

2. Type of Talent (check one category and circle):

___ Vocal/Band Solo / Duet / Group

___ Instrumental Solo / Duet / Group

___ Dance/Gym Solo / Duet / Group

___ Acting Solo / Duet / Group

___ Variety Solo / Duet / Group

Other (Please specify below.)

3. Title of Performance (or Group Name) _____

4. Brief description of Act (Lip Sync, Dance, Magic Act, Vocal, Juggling, etc):

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5. Will performance include props? Yes _____ No _____

- If yes, please explain in space below (i.e., 2 tables, 1 chair, upright piano, music stand)

- Special setup or arrangement required? Yes _____ No _____

- If you have any special needs or requests please be sure to note that here in detail. :

Parent AND participant SIGNATURE(s) required for each group member under the age of 18. This acknowledges that all parties understand and consent to the above stated rules and participation in the Mountain Mushroom Festival Talent Show. I understand, agree and consent to the rules listed herein and that my child's or my participation in the Mountain Mushroom Festival Talent Show I fully understand and expressly assume that there are risks that could result in but are not limited to property damage, bodily injury, and I hereby release and hold the Estill County Mountain Mushroom Festival Committee, Irvine City Hall, Estill County Board of Education, Estill High School and its employees and trustees harmless from any and all liability, action, claims and damage of every kind and nature whatsoever.

(participant signature)

(parent signature)

(participant signature)

(parent signature)

(participant signature)

(parent signature)

Official Use Only

Paid: _____ Date: _____

Cash _____ Check # _____ Money Order # _____