

2022 YOUTH TALENT SEPTEMBER 22- OCTOBER 2, 2022

DeSoto Family Theater
Landers Center, Southaven, MS



MID-SOUTH FAIR

Youth Talent Contest

% Debbie Branan, YT Chairman

2584 Hwy 51 S

Hernando, MS 38632

901-634-0570

kdjudge@aol.com or

midsouthfairyouthtalent@gmail.com

MID-SOUTH FAIR



CONTEST

2022 JR. DIVISION MID SOUTH FAIR YOUTH TALENT APPLICATION

NAME OF ACT: _____ **# OF PEOPLE IN ACT** _____



DESCRIPTION OF ACT:

VOCAL SOLO SM VOCAL GROUP (2-3) LARGE VOCAL GROUP (4 & OVER)
 DANCE SOLO SM DANCE GROUP (2-3) LARGE DANCE GROUP (4 & OVER)
 VARIETY SOLO SM VARIETY GROUP (2-3) LARGE VARIETY GROUP (64& OVER)
 INSTRUMENTAL SOLO _____ BAND OR INSTRUMENTAL GROUP

Type of Musical Instrument (if any): _____ Type of Variety Act (if applicable) _____

Please list below the contact name and complete mailing address that all correspondence should be mailed to.... Also list email address.

CONTACT NAME: _____ **CELL PHONE#:** _____ **ALT. PHONE#:** _____

ADDRESS: _____

CONTACT'S EMAIL ADDRESS: _____

STUDIO: _____ **TEACHER:** _____ **EMAIL:** _____

I/We have read the rules governing the Youth Talent Contest and by our signatures acknowledge that I/We agree to abide by them. I/We release to the Mid-South Fair any photos, films and /or videos, which may be used for publicity or publication.

INFORMATION MUST BE COMPLETE FOR EACH CONTESTANT

<u>FULL NAME PRINTED AND SIGNATURE</u>	<u>DOB</u>	<u>FULL ADDRESS:</u> <u>STREET/CITY /STATE/ZIP</u>	<u>PARENT'S NAME</u>	<u>PRINT EMAIL ADDRESS</u>

Has this act already received an invitation to the 2022 Mid-South Fair Youth Talent Contest? YES NO if yes what Contest: _____

Has any member of this act been a professional entertainer? Yes No If yes, details: _____

The information above is certified by _____ Local Chairman



JR. YOUTH TALENT PAYMENT FORM

(Please print/write legibly)

SOLO CONTESTANT'S

Name: _____

OR ACT NAME IF NOT A SOLO: _____

CATEGORY OF ACT: _____

Address: _____

City, St. Zip: _____

E-mail Address: _____

Phone #: _____

Solo: \$50 _____ Group: \$100 _____

Method of Payment: Check: _____ Money Order: _____ Cash: _____

Make Checks payable and Mail to:

Mid-South Fair Youth Talent
% DEBBIE BRANAN
2584 HWY 51 SOUTH
HERNANDO, MS 38632
Fax: 662-449-4818

Is a member of this Act in
any other act(s), if so what?

SCHEDULING CONFLICTS: _____

