



# ***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:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_