

# Owa-Chito Talent Show 2016 Entry Form

We are proud to have the opportunity to promote the talent in our area and look forward to seeing your performance.

**Entry fee:** \$25 due at time of registration. Fee is non-refundable. CD Track due at time of registration.

**When:** June 18th, 2016 at 12:00 pm. Contestant check-in 11:00 am.

**Where:** Beavers Bend State Park

**Who can participate:** everyone

**There will be 5 categories:**

- (1) Age 6 & under   (2) Age 7-10   (3) 11-14   (4) 15-19   (5) 20 & up

Groups and individuals will compete against each other. Groups age will be averaged. Vocalists/Instrumentalists and dancers to compete against each other.

**Deadline to enter:** June 17<sup>th</sup> at 12pm ; **Return entry form to** the Broken Bow Chamber of Commerce, 113 W MLK, Broken Bow, OK 74728, 580-584-3393. or email to Carrie Scrivner- [cscrivner@wcisd.org](mailto:cscrivner@wcisd.org) **Please make check or money order payable to** Kiamichi Owa Chito.

**Contest format:**

Contestants will have a time limit of 3 minutes to perform. Sound system and technicians provided. Contestants are required to bring cd sound track or instrument, (no cassettes please), (no bands).

**Judging:** Each performance will be judged on stage presence, artistic performance, audience response, and musical/talent content. Lyrics and presentation must be acceptable in a family environment.

**Prizes:** Each category will have a 1<sup>st</sup>, 2<sup>nd</sup>, and 3<sup>rd</sup> Place. 1<sup>st</sup> Place prize is \$100 & a trophy, 2<sup>nd</sup> Place prize is \$50.00 and a trophy, and 3<sup>rd</sup> Place prize is \$25.00 and a trophy.

Talent/Selection \_\_\_\_\_; Name of Act \_\_\_\_\_;

Selection accompanied by:   \_\_\_live instrument,   \_\_\_cd sound track,   \_\_\_accapella

Please print or type the following.

	Contestant Name	Age	Contestant Signature	If contestant is under 18 Parent/Guardian Signature
(1)	_____	_____	_____	_____
(2)	_____	_____	_____	_____
(3)	_____	_____	_____	_____
(4)	_____	_____	_____	_____
(5)	_____	_____	_____	_____

If more are in your group please use an additional form and attach.

Contact name and phone numbers for act: \_\_\_\_\_ ph \_\_\_\_\_

Email \_\_\_\_\_