



September 15, 2018 6 p.m.



Hosted by

Talent Show Entry Form (one form per act)

Participant must be Columbiana County resident

Acts are to be no longer than 10 minutes

NAME: _____

ACT NAME: _____

PHONE: _____

EMAIL ADDRESS (primary means of contact): _____

ADDRESS: _____

PARENT/GUARDIAN NAME (if participant is under 18) _____

DESCRIPTION OF THE TALENT (names and number of participants, style of performance, props and music used, etc):

I HEREBY RELEASE THE JOHNNY APPLESEED FESTIVAL AND SOCIAL 45 FROM ANY AND ALL LIABILITY FOR DAMAGES OR INJURY WHICH I MAY RECEIVE IN ATTENDING OR PARTICIPATING IN THE TALENT SHOW.

SIGNATURE

PARENT/GUARDIAN SIGNATURE
