



September 16, 2017 6:00 p.m.

Hosted by



Talent Show Entry Form (One form per act)
Participants Must Be Columbiana County Residents
ACTS ARE TO BE 10 MINUTES OR LESS

NAME: _____

ACT NAME: _____

PHONE: _____

EMAIL ADDRESS: _____

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. I ALSO GIVE PERMISSION FOR MY PHOTO TO BE USED ON SOCIAL MEDIA IN REFERENCE TO SAID EVENT.

SIGNATURE

PARENT/GUARDIAN SIGNATURE

DATE

DATE