

Form for IAAF Talent Show Participants, Family, and Guests to Pre-Register for convention

Talent Show Director: David Engelbrecht cell phone: (815) 234-5296 home: (815) 262-2161 or by email at dave.engelbrecht@hughes.net or Assistant Talent Show Director Kris Lowe cell phone: (618) 660-5708 or by email at clintoncofair@gmail.com. Registration questions Terri Quinn email to iaafsecretary@gmail.com

In completing this form, you are agreeing that the participant/s have won at the local county fair program and have been approved to complete this registration for the state convention.

Entries from professional entertainers will not be accepted or permitted to perform. See rules for professional performers.			JUNIOR	SENIOR
County Fair	Contact Name			
Address	City	State		
Phone	Cell	Zip		
email:	Fax			

Entry fee \$75 for each division must be included. If entering both divisions, total cost is \$150.

Jr. Talent Participant Names and age/s as of the local talent contest. Please include type of act (ie., vocal solo, duet, trio, ensemble, dance, acrobat, instrumental, piano, novelty, etc.).	
Sr. Talent Participant Names and age/s as of the local talent contest. Please include type of act (ie., vocal solo, duet, trio, ensemble, dance, acrobat, instrumental, piano, novelty, etc.).	

There is no charge for each talent show participant/s or those 10 years of age or under.	Number of N/C armbands:	
\$25/person (family/guest) -- Please PRINT or TYPE names below.	Number of guest/family armbands:	
Total number of armbands for all participants and their family/guest/s for the Talent show.	Number of total armbands:	
	Total Amount Due:	\$0.00

Names for Registration and age as of the local contest (as above)- please place additional names for armbands below or on another form : PLEASE TYPE OR PRINT

1		7	
2		8	
3		9	
4		10	
5		11	
6		12	

[Please return to: IAAF Attn: Terri Quinn 15824 N 1650th St. Chrisman, IL 61924 or email to iaafsecretary@gmail.com](mailto:iaafsecretary@gmail.com) **MUST BE RECEIVED BY OCTOBER 1st, 2024**

Forms of Payment Accepted:	Check	Money Order	Credit Card
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All applications MUST be received before October 1st, 2024 with a cost of \$25 per person. If the application is received after October 1st, the entry may not be listed in the program.

Name on Card:	Signature:
Billing Zip code	Credit Card #
Exp. Date	CVC Code
(on back of card)	