



NAME: _____

AGE: _____ SCHOOL: _____

PHONE: _____ EMAIL _____

ADDRESS: _____

CITY _____ STATE/PROVINCE _____ ZIP CODE _____

NAME OF CHAPERONE: _____

NAME OF PARENT OR GUARDIAN: _____

SONG 1 TITLE: _____

SONG 1 CD TRACK NUMBER: _____

SONG 2 TITLE: _____

SONG 2 CD TRACK NUMBER: _____

FEES: Please fill in the total number of competition registrations, audience tickets, and total fee.

_____ Competition Registration (\$25.00) + _____ Audience Tickets (\$15.00) = \$ _____ (Total)

PAYMENT INFORMATION (Please circle one):

CASH VISA MASTERCARD PAYPAL (we will email an invoice and online payment option)

Credit Card # _____ Expire _____

RELEASE WAIVER: I, the **PARENT** or **LEGAL GUARDIAN**, on the behalf of the registrant, forever releases, discharges, and acquits **DM CREATIVE PRODUCTIONS**, it's directors, employees, independent contractors, and volunteers from any and all claims for damages and injuries of any kind, nature, or description, resulting from or related in any way to the participation in **NEW ARTISANS YOUTH AND TEEN VOCAL COMPETITION**.

SIGN HERE: _____

Signature of Parent or Legal Guardian