

OFFICIAL ENTRY FORM



Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

Address: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Talent: \_\_\_\_\_

Vocal

Band

Band

Members: \_\_\_\_\_

Please note that each Band Member must submit an application

Audition

Location: \_\_\_\_\_

School: \_\_\_\_\_ Grade

Level: \_\_\_\_\_

School Music Phone: \_\_\_\_\_

Teacher: \_\_\_\_\_

Parent/ Phone: \_\_\_\_\_

Guardian Name: \_\_\_\_\_

Email: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**MUSIC TEACHER:** By signing this entry form, I affirm that the above-named student(s) is/are a student(s) in good standing at this High School. I also affirm that I am aware of his/her/their ability to perform with satisfactory quality.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Email: \_\_\_\_\_

**PARENT (S):** By signing this form, I give my child \_\_\_\_\_ permission to participate in the Third Annual Virginia Icon Talent Competition. I have read the Official Rules attached and accept them.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Email: \_\_\_\_\_

Submit form at Stars@[Stars@VirginiaIcon.com](mailto:Stars@VirginiaIcon.com) or fax it to 1-800-693-3514. You will receive an email confirmation. Audition fee of \$10 with parent and music teacher signatures must be presented at time of audition. Questions? Call PEATC at 1-800-869-6782 or email [Stars@VirginiaIcon.com](mailto:Stars@VirginiaIcon.com).

OFFICIAL USE ONLY

Application Signed  Fee Submitted  Audition/Location Scheduled

