



# Arkansas Apple Festival Talent Contest

## Talent Application

Contestant Name \_\_\_\_\_

Phone# \_\_\_\_\_ E-Mail \_\_\_\_\_

Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

Talent to be Performed \_\_\_\_\_

Title Music to be used \_\_\_\_\_

Contestant Signature \_\_\_\_\_

**TALENT WILL BE JUDGED USING THE FOLLOWING CRITERIA:**

**PERFORMANCE PRESENTATION  
TECHNICAL LEVEL OF PERFORMER  
PERFORMANCE EXECUTION**

**Note to performers: We have an excellent sound system  
Please arrive in ample time with your background music to be tested  
prior to your performance for judges.**



**Mail Completed Application with \$10 entry fee to:  
APPLE FESTIVAL TALENT - PO BOX 100, LINCOLN, AR 72744-0100**