

MORRISTOWN'S GOT TALENT

OFFICIAL AUDITION REGISTRATION FORM

1. Individual or group name: _____
2. Name _____
Address _____

Phone _____
Email _____

List all other people in act

Name _____	Name _____
Address _____	Address _____
_____	_____
Phone _____	Phone _____
Email _____	Email _____

Name _____	Name _____
Address _____	Address _____
_____	_____
Phone _____	Phone _____
Email _____	Email _____

3. Parent/Guardian's name, if under 18 _____
Address _____
Phone _____
Email _____

4. Category of Talent _____

5. Name of song _____

6. Please indicate your preferred time slot for the audition

9 am – 11 am _____

11am – 12:30 pm _____

1 pm – 3 pm _____

3pm – 5 pm _____

7. () I acknowledge that I have read the rules and regulations and agree to abide by them.

8. Signature of contestant and date _____

9. Signature of parent/guardian (if under 18 years of age) _____