



PLEASE PRINT

YOUTH TALENT SHOW PERFORMER APPLICATION

Contact Information

SECTION 1

This is an opportunity for individuals or groups, aged 10 to 16 years to display their artistic talents of singing, playing in a band, dancing, acting or any other performing art. The annual youth talent show takes place during City of St. John's, ChillFest celebrations.

Contact	<u>Performer # 1</u>	<u>Performer # 2</u>	<u>Performer # 3</u>	<u>Parent/Guardian</u>
Contact	_____	_____	_____	_____
Phone	_____	_____	_____	_____
Email	_____	_____	_____	_____
Age	_____	_____	_____	<u>N/A</u>

Additional Performers (list with age):

Performer(s) Talent

SECTION 2

1. Describe the talent (ie. musical or dancing style, rock band, punk band, traditional improv, etc.).

2. If musical selection is chosen please list the title, artist and song duration.

3. List any required equipment (chairs, table, microphones, keyboard, etc.)

Performer Biography

SECTION 3

Tell us about yourself or the group! Please provide us with interesting facts about yourself that you would like the emcee to announce to the audience. Information may include age, special training, school information or hobbies.

Performer Biography Example:

Reid is 11 years old and a Grade 6 student at St. Andrew’s Elementary
 He is a member of his school drama club and plays the Saxophone in their school band.
 Reid also attends the School of Dance doing Hip Hop and Street Funk classes.
 He enjoys singing and dancing and one day hopes to become a professional entertainer!
 This is Reid’s 3rd year performing in the Youth Talent Show.

Complete a Performer Biography (Please Print- Limit 50 to 75 words).

Feedback Information

SECTION 4

How did you hear about the Youth Talent Show?

- | | | |
|----------------------------------|---|---------------------------------------|
| <input type="checkbox"/> Poster | <input type="checkbox"/> Radio | <input type="checkbox"/> Social Media |
| <input type="checkbox"/> Website | <input type="checkbox"/> Word of Mouth
(ie. friends, classmate, teacher) | <input type="checkbox"/> Other: _____ |

Privacy Notice

SECTION 5

Collection of personal information via this form is authorized under the Access to Information and Protection of Privacy Act, 2015 and is needed to process this application. Questions about the collection and use of the information may be directed Supervisor of Family & Leisure Services, Department of Community Services at 576-8020 or email recreation@stjohns.ca

Please return completed forms to:	City of St. John’s	Phone: (709)576-8630	
	Youth Services	Recreation Division	Email: recreation@stjohns.ca
	Paul Reynolds Community Centre	P.O. Box 908	
		St. John’s, NL A1C 5M2	



NEWFOUNDLAND AND LABRADOR, CANADA