



2iNSPIRE TALENT CONTEST

- **\$1000+ in Prize Money will be given away!!!**
 - **A Chance to be in a CD/DVD with Mr. Leon!!!**
 - **Be a part of a Future Variety Show with Mr. Leon!!!**
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TALENT REGISTRATION FORM

NAME: _____ AGE: _____ PHONE: _____

EMAIL: _____ BIRTHDAY: (mm/dd/yy) _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

TYPE ACT: (Check One)

- | | |
|--|------------------------------------|
| <input type="radio"/> VOCALIST | <input type="radio"/> OTHER: _____ |
| <input type="radio"/> INSTRUMENTALIST/BAND | (Comedian, Illusionist, Juggler, |
| <input type="radio"/> DANCER | Ventriloquist, etc.) |

BAND/GROUP NAME: _____ Number of members: _____

(If your act has more than one member, each member has to fill out this form but only one audition fee is required. See below)

TELL US ABOUT YOURSELF: (if you need additional pages, please attach an additional sheet)

1. What would you like to be when you grow up? _____
2. Who is your favorite artist and why? _____

3. Have you performed in a talent show before? If so, when (approximate dates) and where?
Where did you place? Did you receive compensation (money or prizes)?

4. Are you currently performing anywhere – school, church, etc? _____

5. Do you go to an art, music or dance school? If yes, which one? _____

6. Are your parents in the military? If yes, are they currently deployed? Where? _____

7. Are you affiliated with any church? Name of church? _____

Please read and sign Release Form with your audition fee of \$20 per act.

Release Form

I, _____ agree to participate in the 2INSPIRE Talent Contest and I hereby release the Leon SING Children’s Foundation, Inc., its directors, chairman, volunteers and sponsors from any and all responsibility or liability for injury or damages; and also, release and agree to indemnify the Leon SING Children’s Foundation, Inc., against any damage claim, legal proceeding or judgment arising out of the transportation, or exhibition of the listed participant at the said Contest; and further agree to hold Leon SING Children’s Foundation, Inc., harmless from any claim or suit for injury, damage or blame resulting from the participation in the Talent Show.

I/We _____ give permission for
(Parent/Guardian/s)
_____ to participate in the 2INSPIRE Talent Contest.
(Name of participant)

Guardian Signature

Guardian Signature

Guardian Email Address

Guardian Email Address

Guardian Phone/Cell

Guardian Phone/Cell

Participant Name and Signature

Both parent/guardian and participant (if under 18 years) in the act must sign.

Please check appropriate items below: **You must agree to Contest Rules to qualify.**

___ I have read and agree to the 2INSPIRE Talent Contest Rules.

___ I am paying for _____’s (name of participant) entry fee of \$20 online, www.mrleon.org

___ I am mailing a \$20 check for _____’s (name of participant) entry fee and sending it to:

Leon SING Children’s Foundation, PO Box 777024, Henderson, NV 89077

For more information about the 2inspire Talent Contest, please email: 2inspire@mrleon.org

Please check website www.mrleon.org for audition dates