



2iNSPIRE TALENT CONTEST

- **\$1000+ in Prize Money will be given away**
 - **A Chance to be in a CD with Mr. Leon**
 - **A Chance to perform with Mr. Leon at Local or National Venues**
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TALENT REGISTRATION FORM

NAME: _____ AGE: _____ PHONE: _____

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

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

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 and why? _____

2. Who is your favorite artist and why? _____

3. How old were you when you started singing? _____
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. What are your hobbies and why do you enjoy doing them?

7. What other events do you perform at?

8. Are you interested in attending Mr. Leon's mentoring Class? _____
9. Do you have a vocal coach? Who? _____
10. Will you be available to perform at events if called? _____
11. If available, would you be interested in purchasing a video of the whole event or of just your performance? _____

Please read and sign Release Form with your audition fee of \$25 per act.

Release Form

I, _____ agree to participate in the 2INSPIRE Talent Contest and I hereby release the Leon S.I.N.G. 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 S.I.N.G. 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 S.I.N.G. 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 \$25 online, www.mrleon.org

___ I am mailing a \$25 check for _____'s (name of participant) entry fee and sending it to:
Leon S.I.N.G. Children's Foundation, PO Box 777024, Henderson, NV 89077

___ I would like to participate in the Friends and Family Choice Awards

___ I am emailing a picture of my child to colleen@mrleon.org and a YouTube link of his/her performance to be used for the FFCA contest.