CLASSIC THEATRE COBALT
Standing Ovations Since 1926

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CLASSIC IDOL CONTEST
2008

COMPETITOR:

Name: (Please Print First and Last Name)

Date of Birth: / / YEAR MONTH DAY

Male **Female**

Age:

Home Address:

Home City:

Home Postal Code:

Home Phone:

Cell Phone:

Email:

I found out about the Classic Idol auditions by: ___Radio ___Newspaper ___Website ___School

I hereby consent to the filming and recording of such contest, the nature and the content of which has been fully explained to me and agree to abide by the terms of this competition as outlined in the contestant package.

(Sign Here)

Date

IMPORTANT- FOR COMPETITORS UNDER THE AGE OF MAJORITY

If you are under the age of majority you MUST have this form signed below by your parent or legal guardian and their signature must be witnessed by someone over the age of majority BEFORE you can audition for the Contest.

PARENT/GUARDIAN CONSENTS TO THE ABOVE-NAMED PERSON PARTICIPATING IN THE PROGRAM UNDER THE TERMS AND CONDITIONS OF THIS RELEASE.

Signed By:
(Parent/Legal Guardian)

Signed By:
(Witness)

Relationship to Competitor:

Name:
(Please Print)

Name:
(Please Print)

Address:

Address:

Telephone Number:

Telephone Number:

Date:

Date:

Audition fee of $25 submitted with registration: ____ (for office use only – official to initial here)