IMPACT PCG STUDENT MINISTRIES DISTRICT TALENT EXPO ENTRY FORM

Only one form is needed per PERFORMING group.



PLEASE PRINT LEGIBLY

NAME OF CONTESTANT or OTHIS WILL BE THE NAME LISTED IN THE PROOF.	GROUP		MALE	FEMALE
AGE DATE OF BIRTH	PARENT / GUA	ARDIAN		
CONTESTANT or GROUP CC	ONTACT MAILING ADDRE	SS		
CITY	STATE	_ZIP PHONE	≣	
CONTESTANT/GROUP LEAD	DER EMAIL			
HOME CHURCH		_CITY	_ STATE :	ZIP
PASTOR'S SIGNATURE*		PHONE_		
*BY SIGNING I AM INDICATING TH GUIDELINES AS SET FORTH IN TH		· ·	READ AND UNDERS	TAND THE RULES &
Please mark your correct division & the category (ies) you or your group will be performing in: DIVISION: □ KID □ TEEN *indicates TEENS ONLY categories				
ARTS ☐ ART ☐ DIMENSIONAL ART ☐ PHOTOGRAPHY ☐ GRAPHIC DESIGN	CHRISTIAN BAND ☐ CHRISTIAN BAND* ☐ WORSHIP TEAM*	□ POETRY	☐ HUM ☐ THEA ☐ MIME	AN VIDEO TRICAL* E* KEN WORD*
DRUM/PERCUSSION ☐ DRUM/PERCUSSION	INSTRUMENTAL ☐ SOLO	INTERPRETIVE DANG ☐ SOLO ☐ GROUP	☐ CHRI	PEAKING STIAN COMEDY RT SERMON
SHORT FILM □ REELS/SHORTS*	VOCAL FEMALE SOLO MALE SOLO	□ MULTIPLE VOICE □ CHRISTIAN RAP*		
PERFORMANCE DETAILS: Instrument (s) being player				
# of Mics Needed:				

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