



SEASON 10



OFFICIAL ENTRY FORM

Auditions are open to all* Kansas City Metro YOUTH ages 18 years and younger

**Previous contestants see Guidelines 6 & 7 on the Audition Guidelines Form*

STAGE NAME or GROUP NAME _____

NAME (Given name or main contact person if a group) _____

NAME OF PARENT OR LEGAL GUARDIAN _____

PHONE _____ CELL OR ALTERNATE PHONE _____

E-MAIL (Please print clearly. This will be the main form of contact) _____

ADDRESS _____ CITY/STATE/ZIP _____

AGE _____ DATE OF BIRTH _____

BRIEFLY DESCRIBE YOUR ACT (singing, musician, dancing, acrobat, etc.) _____

GROUPS ONLY:

IF THIS IS A GROUP, HOW MANY PEOPLE ARE IN THE GROUP? (LIMIT 10) _____

WHAT IS THE AGE RANGE OF YOUR MEMBERS? (for example, 7-14 years old) _____

PLEASE LIST THE NAMES, PHONE NUMBERS AND E-MAIL ADDRESSES OF ALL GROUP MEMBERS, AND THEIR PARENT(S) OR LEGAL GUARDIAN (IF UNDER 18) ON THE BACK OF THIS FORM.

PLEASE NOTE: AN AUDITION DOES NOT GUARANTEE A PLACE IN THE FINAL SHOW, BUT IF SELECTED TO MOVE ON, THE ACT/NUMBER/ROUTINE YOU AUDITION WITH IS THE SAME ONE YOU WILL BE REQUIRED TO PERFORM AT THE FINAL SHOW. ALL MEMBERS OF A GROUP MUST BE PRESENT AT THE AUDITION.

COMPLETE THIS FORM AND MAIL/SUBMIT, WITH YOUR (non-refundable) **\$25 ENTRY FEE** if submitted **before March 15** Entry fee increases to \$35 after March 15. You may pay online at LSTalent.com. (Cash or check made payable to Lee's Summit CARES) **TO BE RECEIVED NO LATER THAN APRIL 15, 2019 TO:**

LEE'S SUMMIT CARES
1555 NE RICE RD, BLDG B
LEE'S SUMMIT, MO 64086

AUDITIONS WILL BE HELD THE EVENING OF APRIL 19. CONTESTANTS WILL RECEIVE CONFIRMATION OF THEIR ENTRY RECEIPT EITHER BY E-MAIL OR PHONE. FURTHER AUDITION INFORMATION WILL BE PROVIDED AT THAT TIME.

BEST OF LUCK!