

## Talent Showcase Audition Registration Form

Please fill out this form completely. It must be signed to be accepted by our staff. Submitting this form does not guarantee an audition. You will be contacted if you are selected to audition. Completed form can be faxed to (631) 544-6094 or mailed to Talent Showcase, PO Box 196, Kings Park, NY 11754.

### PERSONAL INFORMATION

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone 1 \_\_\_\_\_ Home Cell Business (circle one)

Phone 2 \_\_\_\_\_ Home Cell Business (circle one)

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Gender: Male Female (circle one)

Email Address \_\_\_\_\_

Profession/Occupation \_\_\_\_\_

### PERFORMANCE INFORMATION

Performance Description

\_\_\_\_\_  
\_\_\_\_\_

# of People in Performance \_\_\_\_\_

Performance Category (circle one)

Dance Comic Impressionist Improv Magic Music Poetry Reading

Artist Writer Film Producer

Other \_\_\_\_\_

### ***Equipment Requirements***

Music Accompaniment

CD: Track # \_\_\_\_\_

Instrument \_\_\_\_\_ (you must supply)

Vocal Accompaniment (circle any needed and indicate quantity)

Vocal Microphones - Qty Needed \_\_\_\_\_

Instrument Microphones - Qty Needed \_\_\_\_\_

Furniture \_\_\_\_\_

**BIO / BACKGROUND**

When did you start doing this & why?

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How did it progress from when you started to today?

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What was your most memorable event (relating to your talent)? Describe it.

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Have you worked with any well know personalities (list who, when where)?

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List any upcoming performances (when and where - 3 to 6 months out):

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List any recently past performances (when and where):

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Where were you born and where were you raised (City, State)?

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List your hobbies:

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Your Bio: (include information that you would like others to know about you)

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List any additional information you wish to share:

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How did you hear about the audition (be specific, if possible):

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**INDEMNITY, RELEASE & WAIVER**

By submitting this application, I hereby consent to the recording and use by the producers of the Talent Showcase (the "Producers") of my voice, actions, likeness, name, appearance and biographical material (collectively "Likeness") in any and all media connection with the Talent Showcase (the "Program") without any royalties or payment of any kind in perpetuity. I understand and agree that the Producers have full rights, title and interest in my performance in the Program. I release the Producers from any and all liability arising out of their use of my Likeness. I further agree not to make any claim against the Producers as a result of the recording or use of my Likeness and hold the Producers harmless against any and all loss, damage, death, and/or injury to myself, arising directly or indirectly out of or in connection with my participation in the Program.

By signing below, you hereby agree, to the Indemnity, Release and Waiver above. If the registrant is a minor, you acknowledge that you are the parent and/or legal guardian of the registrant and consent to the above Indemnity, Release and Waiver above.

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Signature

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Date

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Printed Name