

# Cedar Lake Summerfest Talent Show application

Name Of Performer \_\_\_\_\_

Name Of School (If Applicable) \_\_\_\_\_

Address \_\_\_\_\_

Contact Phone Number \_\_\_\_\_

Email \_\_\_\_\_

Age Category  5-9  10-14  15-19  20+  
 LARGE ENSEMBLE (19 and Under)

Type Of Performance \_\_\_\_\_

Do you require amplification or have a performance track?  
\_\_\_\_\_

Parent/Guardian Signature, if under 18  
\_\_\_\_\_

I consent that images and video be taken of performer

*Submit this form to [lakesideartistsguild@gmail.com](mailto:lakesideartistsguild@gmail.com)*

*Attention Rose or Jessica*

*DEADLINE: June 28, 2022*