GALAXY OF STARS® Talent Search



ENTRY FORM

PRELIMINARY VIDEO CONTEST VIDEO LINK/MP4/SHARE FROM SMARTPHONE

Scan or Take Photo of Entry Form & Personal Release Email to: galaxyofstars@comcast.net



www.statefair.org

CONTEST ENDS July 18, 2019

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Email or Mail to Galaxy of Stars, P.O. Box 3566, Brentwood, TN 37024

Pay Online or Make Check or Money Order Payable to Galaxy of Stars galaxyofstars@comcast.net 615-495-7375

EACH ENTRY \$35.00

Email a Link/MP4 or share video from your smartphone of your performance to compete in one of three Age Divisions (Comets, Shooting Stars or Novas). Age Division is determined by Age of Contestant as of 8/31/19. All talents (vocal, dance, instrumental & variety) compete according to Age Division only. Highest scoring contestants advance to the Galaxy of Stars® Talent Search Semi-Finals competition at the Nebraska State Fair in Grand Island on 8/31/19. You can enter multiple categories but may submit only one entry per category. Maximum Performance Time for each entry is 4 minutes. Use backup tracks or one instrument for accompaniment or, if vocal, can sing acapella. Individual Instrumental: acoustic or electric. Small acoustic ensembles only; no choirs or bands. Must be a United States Citizen and reside in Nebraska. Email or Mail entry materials & payment by midnight July 18, 2019 to galaxyofstars@comcast.net. See Official Rules.

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|---|---|---|--------------------------------------|------------------------|--|
| Individual Entry Vocal | Ander)SHOC (Age as of 8-31-2019) DanceInstruction entMoney Order | Group Entry of the control of the | Age of Oldest Member as etyNumber in | of 8-31-2019) Group | |
| VIDEO SUBMISSION CHECK | LISTEmail Video | Link Send MP | 4 Share Video Fr | om Smartphone | |
| Read Official RulesEntry FormPersonal ReleaseGroup Members Information Form (If Applicable) | | | | | |
| All entry materials and videos must be emailed to: galaxyofstars@comcast.net | | | | | |
| | | | | | |
| Please Print: First Name M.I. | | Last Name of Contestant or Group Leader | | | |
| Address | City | | State | Zip | |
| Home Phone Cell Phone | | Email Address | | | |
| Name of Parent/Legal Guardian if 18 or Under Signature of Parent/Legal Guardian | | | | | |
| GROUP INFORMATION: Each | Member of a Group is Requ | ired to Submit a Personal R | elease Form. | | |
| Name Age | | Phone | Phone | | |
| Name Age | | Phone | | | |
| If more than two me | mbers, Download the Group | Members Information For | n at galaxyofstarstalentsearc | ch.com | |
| Please Fill Out Media Information for | or Press Releases: | | | | |
| Local Newspaper | | Contact | Phone | | |
| TV Station | | Contact | Phone | | |
| Radio Station Cont | | Contact | Phone | | |