

Sioux Falls Has Talent!

Audition information sheet

Name: _____ Home Phone: _____

Address: _____ Cell Phone: _____

City: _____ State: _____

E-Mail Address: _____

Parent/Legal Guardian Name (if under 18 yrs. old) _____

Name of Act or Group: _____ Number in group: _____

Please list the Names of each member of your act or group:

Talent Category

Musician: _____ Dancer: _____ Magician: _____ Comedian: _____

Acrobat: _____ Juggler: _____ Other (please explain): _____

Please briefly describe your act: _____

Please list the title and composer/artist of each song you intend to perform (if applicable):

Please list the title and composer/artist of all recorded music during your audition (if applicable):

Please tell us what makes you Sioux Falls' next great talent: _____

Thank you for auditioning for Sioux Falls Has Talent! Washington Pavilion Management, Inc. (WPMI) reserves the right to disqualify anyone from the showcase performance or audition process should they at any stage supply untruthful, inaccurate, or misleading personal details or information or for any other reason at the sole discretion of WPMI. I understand that WPMI reserves the right to refuse an audition to any individual or act, at its sole discretion, at any time for any reason.

Signature: _____ Date: _____

Print Name: _____