



**“Start to Star”
2008 Saratoga County Fair Talent Contest
Entry Form & Schedule**

Contestants must answer all questions. Incomplete information in the following sections may result in a delay of acceptance. PLEASE PRINT OR TYPE. Enter either individual, duet and/or group category. Written proof of age must be submitted. This information does not have to be duplicated if a performer participated in the 2007 Talent Contest.

All entries are accepted through June 28 at 6:00 p.m. Please mail completed form to Audrey Poitras, 25 Collamer Drive, Ballston Spa, NY 12020 or drop off at the Fair Office.

For multiple entries, please photocopy the forms as needed.

INDIVIDUAL ENTRY (Include proof of age)

Name: _____	Age: _____
Address: (street, city, state & zip code) _____ _____	
Telephone: _____	County of Residence: _____
Name of Talent Training School/Studio: _____	
Type of Act: _____	Approximate time of act (max. 5 min) _____
Brief Description of Act: (Include Title of Music) _____ _____ _____ _____	

DUET ENTRY (Complete both entries on this page)

Name: _____		Age: _____
Address: (street, city, state & zip code) _____ _____		
Telephone: _____		County of Residence: _____
Name of Talent Training School/Studio: _____		
Type of Act: _____		Approximate time of act (max. 5 min) _____
Brief Description of Act: (Include Title of Music) _____ _____ _____ _____		

Name: _____		Age: _____
Address: (street, city, state & zip code) _____ _____		
Telephone: _____		County of Residence: _____
Name of Talent Training School/Studio: _____		
Type of Act: _____		Approximate time of act (max. 5 min) _____

GROUP ENTRY (3 or more performers: names and ages of each performer; include proof of age)

Name: _____		Age: _____
Address (street, city, state & zip code) _____ _____		
Telephone: _____	County of Residence: _____	
Name of Talent Training School/Studio: _____		
Type of Act: _____	Approximate time of act (max. 5 min.) _____	
Brief Description of Act: (Include Title of Music) _____ _____ _____ _____		

Name: _____		Age: _____
Address (street, city, state & zip code) _____ _____		
Telephone: _____	County of Residence: _____	

Name: _____		Age: _____
Address (street, city, state & zip code) _____ _____		
Telephone: _____	County of Residence: _____	

PLEASE CHECK ONE APPROPRIATE CATEGORY

SHOW	AGE GROUP	INDIVIDUAL	DUET	GROUP
Tuesday, July 15 1:30 p.m.	7 & Under OPEN			
Wednesday, July 16 6:00 p.m.	12 & Under MINI OPEN			
Thursday, July 17 6:00 p.m.	13 & Over MAXI OPEN			
Friday, July 18 6:00 p.m.	12 & Under MINI STATE			
Saturday, July 19 6:00 p.m.	13 & Over MAXI STATE			

**BEST OF FAIR COMPETITION WILL BE HELD
SUNDAY, JULY 20 at 4:00 p.m.**

For program lineup purposes, please indicate below any special requests concerning make-up, costume changes, etc. Such requests must be made prior to the day of the competition.

Permission is hereby granted to the Saratoga County Agricultural Society (Saratoga County Fair) to use photographs of the below named person(s) for publicity/promotional purposes in any and all media.

Print name of photographic subject

Date of birth if under 18 yrs. of age

Street Address: _____

City, State, Zip: _____

Date: _____

Signature of subject or parent if
subject is under 18 years of age

