Complete form and return to:

Arkansas State Fair – Senior Youth Talent

2600 Howard Street Little Rock, AR 72206

Phone: 501-372-8341 Fax: 501-372-4197

## 2017 Arkansas Senior Youth Talent Entry Form( Ages 16 to 21)

Fair Being R	Represented:					
Please type	or print in ink. Must be	readable This form m	ust be turned int	to the Arkansas Stat	e Fair office 5	
days after R	Representing Fair is com	pleted. No entry form	s will be accepte	d at the State Fair o	ffice after	
5:00 pm. Se	eptember 30, 2017.					
Choose	Southwest Region	Northwest Region	Northeast Reg	ion Southeast R	egion	
One→	Monday 10/16	_ Tuesday 10/17	y 10/17 Wednesday 10/18Thursday 10/19			
Talent Cate	gories (See competition	rules for descriptions	and check one c	ategory) Make sure	of right Category	
Vocal Solo_	Vocal Group	Instrumental Solo	Dance Solo	Dance Group	Variety	
Description	- Type of: Instrument(	s)	Dance	Variety:_		
Name of Act (if Group):		N	Name of Song, Music, etc:			
Contestant Name:			Age:			
Address:						
			Shirt Size:			
			Parent Signature:			
Contestant	Name:		А	vge:		
Contestant Name:Address:						
			Shirt Size:			
			Parent Signature:			
Contestant	Name:		Δ	ωe.		
Contestant Name:Address:						
			Shirt Size:			
Contestant Signature:						
Contestant	Name:		Α	.ge:		
Address:					Zip:	
Phone Number:			Shirt Size:			
Contestant Signature:						
	RE ABOVE, CONTESTANT					
	TH THE RULES OF THIS CO					
OR INSTRUC	TORS OF THE ARTS.					
Drint None	of One Adult Responsible	For Group	Contact Informati	ion – Coll Phone Eme	il Addross	

Please fill out the entry form as soon as the Competition is over and give back to the director so the director can send all the forms in at one time to the State Fair.