

AUDITION INFORMATION FORM Albany's Got Talent 2019

Contact:

Individual

Tick or circle

Group – how many?

Tick or circle

Name of individual/
group/ensemble:

ADDRESS:

PHONE:

EMAIL:

Outline of performance: One or two musical items or one dance item

Is your music live or recorded?

Have you had experience performing in public?

Do you object to being photographed and the photos used for publicity purposes?

YES NO

SIGNED:

DATE:

Notes: