



SMGT- INCLUSIVE EVENTS FOR PEOPLE
WITH DEVELOPMENTAL DIFFERENCES

SMGT Talent Show Entry Form

Participant Name: _____ Date of Birth _____

Address: _____

City

State

Zip

Telephone: (home) _____ (work) _____ (cell) _____

Email address: _____

SOLO ACTS

Talent Category: _____ Singing _____ Playing Instrument _____ Dance _____ Other _____

Song Title: _____

GROUP ACTS

Talent Category: _____ Singing _____ Playing Instrument _____ Dance _____ Other _____

Song Title: _____

Staff Use Only!

Audition Date

Location



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General Rules:

- ❖ Performance limited to 2 minutes
- ❖ Must be G rated
- ❖ Participants must provide all props (microphones and sound system will be provided, piano depending on location)
- ❖ No lip syncing- we want to hear your talent!
- ❖ Consent forms must be signed and submitted before Auditions
- ❖ Proof of St. Mary's or Calvert County Residency

Parent permission (if performer is under 18 years of age)

I, _____, give my permission for my child, _____ to participate in the Southern Maryland's Got Talent Show. I agree to all of the talent show guidelines listed above and if the guidelines are not adhered to, I understand my child's act may be removed from the show. I hereby give my permission for my child's image to be photographed or videotaped and used in publication of this event.

Parent Signature: _____ Date: _____

Parent email: _____

SMGT Show Consent

I agree to adhere to the guidelines listed above and hereby give my permission to be photographed or videotaped and have my image used in publication of this event.

Signature: _____ Date: _____

- ❖ By signing this form, I (we) do hereby state that I (we) have never appeared for any actual salaried (paid) performance, and that I (we) do not belong to any artistic union.