

2019 BREMENFEST TALENT CONTEST REGISTRATION FORM

NAME: _____ **EMAIL:** _____

ADDRESS: _____ **CITY:** _____ **STATE:** _____ **ZIP:** _____

AGE(S) AS OF AUGUST 1, 2019: _____ **PHONE #:** _____

DESCRIPTION OF TALENT TO PERFORM: _____

PERFORMANCE NEEDS (microphone, table, etc...): _____

In consideration of the acceptance of my entry, I, for myself, my executors, administrators, and my assignees, do hereby release and discharge the Bremenfest organization, the town of New Bremen, and any other sponsors and officials for all claims of damage and or actions whatsoever in any matter arriving or growing out of my participation in said event.

Participant(s) signature and parent/guardian (if under 18)

Date

Print parent/guardian name if under 18

Make checks payable to New Bremen Festival Association
Send completed Registration and Payment to:
Shirley James
10 N. Maurer Place
New Bremen, OH 45869