



Registration Form

Bring or mail* this completed registration form and your \$10 registration fee (CASH ONLY) to the Lynch's Landing office: 1023 Commerce Street, Lynchburg VA 24504

Dates of Contest – Time Slots and Dates will be assigned by Organizer upon delivery of completed registration form and registration fee.

| | | | |
|-------------|--------------|--------------|------------------------------------|
| May 22 ☆ | June 12 ☆ | July 10 ☆ | July 31 ☆ |
| May 29 ☆ | June 19 ☆ | July 17 ☆ | August 7 ☆ |
| June 5 ☆ | June 26 ☆ | July 24 ☆ | August 14 FINALISTS ONLY |

*Registration forms received via mail must indicate a first choice and second choice performance date in the event that your first choice is unavailable. If all dates are filled, your registration fee will be returned.

Participant Information

First Name _____ Last Name _____

Age (as of date you are performing, must be at least 12 years old) _____

E-mail _____ Phone # _____

Street Address _____

City _____ State _____ Zip Code _____

What song will you be singing? _____

How did you hear about Lynchburg Star? _____

Participant's Bio - List school, performance history, work, etc. for publicity. Maximum of 30 words:

By signing this form, I acknowledge that I have read and agree to abide by the Lynchburg Star Official Rules & Participant Agreement.

Participants Signature _____ Date _____

Parent's Signature _____ Date _____

(Required if participant is under the age of 18 as of the date of their performance; all participants must be at least 12 years of age as of date they are performing.)

Print Parent's Name _____

_____ \$10 Registration Fee attached: Cash Only _____ I have read the Rules and Agreement.

Lynchburg Star Sponsors

