



## Singing for Scholarships Contestant Application

(To be completed by the **Student and Parent and Approved by school.** Must Return by **September 7, 2018**)

Contestant Name: \_\_\_\_\_

School Name: \_\_\_\_\_

Age: \_\_\_\_\_ Grade (2018-2019): \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ AL, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Parent/ Guardian's Names: \_\_\_\_\_

Song #1 Name/Artist/Length: \_\_\_\_\_

Song #2 Name/Artist/Length: \_\_\_\_\_

\*Song #3 Name/Artist/Length: \_\_\_\_\_

(\*May be used as a final song for top three) Songs should be no longer than 3 minutes.

Using CD: **Yes** **No** (*If No, see below*)

Musical instruments being played: \_\_\_\_\_

Any special technical needs: \_\_\_\_\_

Using live accompaniment: \_\_\_\_\_

**Parental Consent:** I, \_\_\_\_\_, consent for my child, \_\_\_\_\_, to participate in the Annual National Shrimp Festival Singing for Scholarships Competition on **October 13, 2018**. I give Coastal Alabama Business Chamber and the Annual National Shrimp festival and Sponsors permission to publish photograph and/or video of my child or the image of my child. The photograph/video may be used in the context of promoting Chamber or Festival events and may be kept on file for future use.

\_\_\_\_\_  
Signature of Parent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of School Representative

\_\_\_\_\_  
Date

**Return form to:** Coastal Alabama Business Chamber/ Attention Singing for Scholarships Committee or directly to Chairman  
PO Drawer 3869  
Gulf Shores, AL 36547  
(251) 968- 7200

[www.myshrimpfest.com](http://www.myshrimpfest.com) or [ShrimpFestivalSFS@gmail.com](mailto:ShrimpFestivalSFS@gmail.com)

