



Singing for Scholarships Contestant Application

(To be completed by the Student and Parent and Approved by school. Must Return by September 7, 2019)

Contestant Name: _____

School Name: _____

Age: _____ Grade (2019-2020): _____

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 _____ 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 12, 2019. 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 or ShrimpFestivalSFS@gmail.com