



MOUNT PLEASANT'S LIP SYNC IT!

CONTEST RULES

- DRESS AND PERFORM AS YOUR FAVORITE STAR!
BEST MATCHING OF LIP MOVEMENT, STAGE PRESENCE, DRESS / COSTUME TO PRE-RECORDED VOCALS.
WE **STRONGLY** ENCOURAGE THE USE OF COSTUMES AND DRESS! (MUST BE APPROPRIATE)
- REGISTRATION MUST BE COMPLETED AND RECEIVED BY WEDNESDAY SEPTEMBER 23RD 2015 5:00 PM
FAX REGISTRATION TO (724) 424-1910 OR EMAIL: EDC@HAYDENSPharmacy.com
- AGES: 8 AND OLDER.
- ALL CONTESTANTS BETWEEN 8-18 YEARS OLD MUST HAVE A GUARDIAN PRESENT AT ALL TIMES.
- A TOTAL OF 10 ACTS WILL BE ACCEPTED.
- FEE FOR CONTEST IS \$5.00 PER CONTESTANT OR GROUP ACT.
- EACH PERFORMANCE IS LIMITED TO APPROXIMATELY 3 MINUTES.
- NO CAREER PROFESSIONAL PERFORMERS – THIS IS AN AMATURE CONTEST.
- ALL CONTESTANTS MUST REGISTER AND COMPLETE WAIVER FORM.
- ALL ENTERTAINMENT MUST BE IN “GOOD TASTE” AND FAMILY APPROPRIATE FOR THE FESTIVAL.

MUSIC REQUIREMENTS:

- ALL MUSIC MUST BE SUPPLIED TO OUR SOUND TECHNICIAN 15 MINUTES BEFORE THE SHOW.
- IT MUST BE IN CD FORM AND PLAYABLE THROUGH A CD PLAYER.
- VOCALS MUST BE THE KNOWN SONG ARTIST.
- ALL SONG PERFORMANCES MUST BE FREE OF PROFANITY.
- ALL SONGS PERFORMANCES MUST BE IN “GOOD TASTE” AND FAMILY APPROPRIATE FOR THE FESTIVAL.

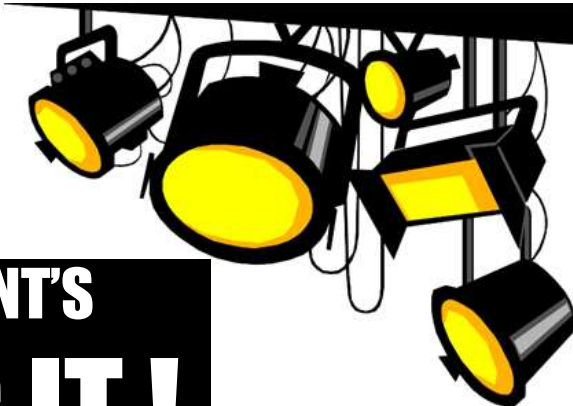
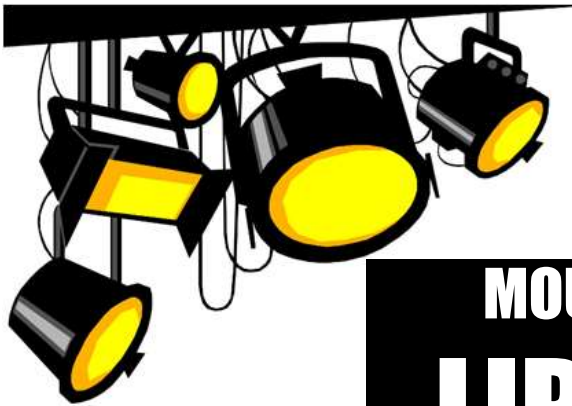
SCHEDULE:

- CONTEST WILL START PROMPTLY AT 3:00 ON THE DATE LISTED.
- ALL CONTESTANTS MUST BE READY TO PERFORM WITH MATERIALS NEEDED 15 MINUTES PRIOR TO SAID TIME.
- PERFORMING STAGE WILL BE THE WASHINGTON STAGE AREA.
- EACH CONTESTANT WILL BE PLACED A RANDOM PERFORMANCE ORDER.
- EACH CONTESTANT WILL HAVE 3 MINTUES FOR ENTERTAINMENT TIME.
- EACH CONTESTANT WILL HAVE A VERBAL REVIEW PERFORMED BY OUR PANEL OF JUDGES.
- JUDGES WILL BE SCORING ON 10 (BEST) – 1 (WORST) SCALE. TOTAL POINTS WILL BE TALLIED.
- THIS CONTEST IS ONLY ONE ROUND -

PRIZES:

- PRIZES WILL BE AS FOLLOWS: 1ST PLACE \$200.00, 2ND PLACE \$100.00, 3RD PLACE \$50.00
- FIRST PLACE WINNER WILL BE LISTED IN ALL THE 2015 MOUNT PLEASANT GLASS & ETHNIC FESTIVAL MATERIAL.
- THE JUDGES SCORES ARE FINAL – NO EXCEPTION / NO CHALLENGES.

THE MOUNT PLEASANT GLASS AND ETHNIC FESTIVAL GOT TALENT COMMITTEE
RESERVES THE RIGHT TO REFUSE ACT DUE TO CONTENT OR APPROPRIATENESS.



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REGISTRATION ENTRY FORM: (PLEASE PRINT LEGIBLY)

FAX COMPLETED REGISTRATIONS TO: 724-424-1910 OR EMAIL TO EDC@HAYDENSPHARMACY.COM

CONTESTANT NAME: _____

IF GROUP LIST ALL NAMES: _____

CONTACT NAME: _____

CONTACT PHONE: _____ CONTESTANT AGE: _____

EMAIL: _____

SONG LIP SYNCING: _____

ARTIST: _____

RELEASE WAIVER:

We, the Mount Pleasant Glass and Ethnic Festival contest committee, reserve the right to refuse any individual or group act, in its discretion. Applicants under the age of 18 need to be accompanied by a parent or legal guardian and must have a parental signature. This form must be completed and returned to fax (724) 424-1910 by the deadline September 23rd 2015 at 5:00pm. We will be accepting the first 12 qualified registrations which will be reviewed and determined prior to the event by the committee. The Mount Pleasant Borough and its entities will not be held liable for any injury or damages incurred by the performer(s). The UNDERSIGNED agrees to the terms set forth therein of the date listed.

AGREEMENT:

AGREEMENT made this date signed and dated between the Mount Pleasant Glass and Ethnic Festival will be binding and hold the said performer(s) to the standards listed in the requirements. Use of profane language, improper dress, illegal or immoral acts shall be immediately disqualified and face criminal prosecution. I hereby release the MPGEF from all implications that may occur during my performance and after performance. Upon accepting my participation in this contest, I agree and accept the emcee's and judge's comments are honest personal opinions whether praise or criticism and it is in the contest of the show, it is not necessarily the opinions of the MPGEF committee. I also understand the above information and agree to its terms and conditions said forth.

Printed name of contestant _____

Contestant Signature _____

Date _____

Printed name of parent / legal guardian _____

Parent / Legal Guardian Signature _____

Date _____