



River Falls Days Talent Show

July 9, 2016 – 3:30 pm
City Hall Activities Stage

Name of Act: _____

Type of Talent: _____

Names of Members and Ages: _____

Actual Title of Musical Number of Activity: _____

Length of Time of Act (**3 minutes maximum**): _____

What equipment do you have? _____

What equipment do you need? _____

Please list previous experience, accomplishments, awards and other interesting information to be used for publicity or for introduction purposes. If additional room is needed please place on back.

WAIVER AGREEMENT

I hereby waive and release any claim I may have for _____ (minor) in the future against River Falls Days or the River Falls Area Chamber of Commerce, any of their officers, whether or not caused in whole or in part by the negligence of such officer, directors, employees, agents, and volunteers, which occurs during or as a result of my participation and/or minor to which I am guardian of, in any of the events and activities held in connection with River Falls Days or any of its scheduled events.

Date _____ Participant's Name _____

Note: We will provide CD player, Sound Amplification and Microphones. Keyboard is ONLY provided if indicated on the registration sheet by the deadline below. * If the contestant is providing own music please bring **two copies of the CD**. Smart phones and iPods will also be accepted. Total Acts will be limited to the first ten registered

Return to: Tom Pechacek, First National Bank, 104 E. Locust Street, River Falls 715-426-3152 or
River Falls Area Chamber of Commerce, 215 W. Maple Street, River Falls

For questions or more information call the Chamber at 425-2533

Deadline for Registration: Thursday, July 7, 2016, 4 p.m.

Day of registration accepted only if time available