

**JAINS GOT TALENT**

**Friday, June 30th through Tuesday, July 4th, 2017**

***At 19th Biennial JAINA Convention, Edison, NJ, USA***

**Registration Form for SOLO PERFORMANCE**

By signing the contract below, I understand the terms of participation set forth by the JAINA Convention programming committee. If I fail to comply with any of the conditions set forth, I accept that JAINA can withdraw my act from Jains Got Talent participation.

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

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

Phone (home): \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_ \_ (Cell): \_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_

E-mail: \_\_\_\_\_\_Age Group:\_\_\_\_\_\_ DOB\_\_\_\_\_\_\_\_\_\_\_

**TALENT CATEGORY: (check ALL that you think apply to your act):**

SINGER\_\_\_\_\_ DANCER\_\_\_\_\_ MUSICIAN\_\_\_\_\_ ACTOR\_\_\_\_\_ OTHER\_\_\_\_ (Describe): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Performance Description and/or information you want to provide: \_\_\_\_\_

Signature: Date:

## \*\* DEADLINE to Register for JGT: APRIL 2, 2017 \*\*

**JAINS GOT TALENT**

**Registration Form for GROUP PERFORMANCE**

**GROUP ACTS: If your act includes 2 or more people, the main contact person for the group must complete this page and the following page.**

By signing the contract below, I/We understand the terms of participation set forth by the JAINA Convention programming committee. I/We also understand that I/We are responsible for communicating with my group members and JAINA. If I/We fail to comply with any of these conditions set forth, I/We accept that JAINA can withdraw our act from Jains Got Talent participation.

Group/ Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Representative Name: \_\_\_\_\_

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

Phone (home): \_\_\_\_\_\_\_\_\_\_ \_\_ \_\_\_\_\_\_ (Cell): \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_

E-mail: Age Group: \_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**TALENT CATEGORY: (check ALL that you think apply to your act):**

SINGER\_\_\_\_\_ DANCER\_\_\_\_\_MUSICIAN\_\_\_\_\_OTHER\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PLEASE LIST ALL MEMBERS OF YOUR GROUP STARTING WITH THE NAME OF THE MAIN CONTACT PERSON IF THAT PERSON ALSO PERFORMS IN THE ACT.

NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMAIL:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMAIL:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMAIL:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMAIL:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: Date:

(Please provide Performance Description and other information on the next page)

Performance Description and/or information you want to provide:

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: Date:

## \*\* DEADLINE to Register for JGT: APRIL 2, 2017 \*\*

Please use pages format shown above with names and all the details if more than 4 participants taking part.