



BILL RILEY TALENT SHOW REGISTRATION FORM

Name:

Age:			
Birth Date:			
Division (mark one):	Sprout (age 2-1	2)	Senior (age 13-21)
Type of Talent:			
Song Name:			
Address:			
Town:		Zip Code:	
Email:		Phone:	

(For multiple performers in one act provide name, age and birth date of each performer - from left to right, as seen from the audience)

Mail completed form to by July 11th:

McKayla Rethamel 607 5th St. NW Waukon, IA 52172