



Please read the Rules & Regulations before completing the attached, Biography for each performer. Please print clearly or type all information required. Use additional pages if necessary.

Application is hereby made for entry into the 2020 Lupus Foundation of Arkansas, Inc. Statewide Virtual Talent Show. In consideration of the acceptance of the application, the entry agrees to indemnify, hold harmless, and defend against any actions the Lupus Foundation of Arkansas, Inc., Board of Directors, nor their volunteers from and against all liabilities whatsoever arising out of its participation in the 2020 Lupus Foundation of Arkansas, Inc. Statewide Virtual Talent Show.

Submission of entry form does not ensure acceptance. The Lupus Foundation of Arkansas, Inc. Statewide Talent Show Committee approval is required.

***A completed Entry Form must include (1) Description of the act, (2) Photograph of contestant(s), (3) One page biography for each performer with background information, names of all the contestants, ages and birthdates, and where they are from, talent contests you have performed in, and how you have finished and other information that could be used in introducing your act, and (4) If any contestants have a connection to lupus.**

Entrant agrees to comply with the rules and regulations of the Lupus Foundation of Arkansas, Inc. Statewide Talent Show as prescribed and listed in this form, or additional rules that are deemed necessary for the safe conduct of the talent contest and related activities. Failure to comply may cause denial of entry on the day of competition or jeopardize future participation.

All finalists will be notified by email within **5 (five) business days** following application closing date of **September 12, 2020**. Audition videos will be accepted until **6pm (CDT) September 12, 2020**. The *Semi-finals*, finals, and winner announcements will **premiere on lupusarktalentshow.com on November 7, 2020 – November 9, 2020**. Mail completed **original** entry form along with registration donation of \$50.00 to:

**Lupus Foundation of Arkansas, Inc.
c/o of Talent Show Committee
P. O. Box 195072, Little Rock, AR 72219-5072**

OR

**You may Complete your packet and pay your registration donation at the website:
<https://www.lupusarktalentshow.com> and email to address below with
appropriate signatures, but your entry is not official until the registration donation
has been paid and processed!**

**ENTRY DEADLINE: ALL ENTRIES MUST BE RECEIVED BY:
6pm (CDT) September 12, 2020**

**For further info, please contact Gale Davis @ (501) 416-4629 or
Email: info@lupusarktalentshow.com**



ENTRY FORM

2020 LUPUS FOUNDATION OF ARKANSAS, INC. STATEWIDE VIRTUAL TALENT SHOW

Sponsored by the Lupus Foundation of Arkansas, Inc.

Entry Deadline: 6pm (CDT) September 12, 2020

NAME OF GROUP OR INDIVIDUAL PERFORMING: _____

NAME OF PERSON SUBMITTING APPLICATION: _____

ADDRESS: _____ City _____ State _____ Zip _____

CONTACT PERSON: _____ CELL _____

NUMBER OF PEOPLE IN ACT: _____ LIST ALL GROUP MEMBERS BELOW (add a sheet if necessary)

NAME	AGE	BIRTHDATE	HOME PHONE

DIVISIONS by Ages (*Mark One*): 1. (5-12) _____ 2. (13-17) _____ 3. (18-35) _____ 4. (36-59) _____ 5. (60+) _____

TALENT CATEGORY: _____ Vocal _____ Instrumental _____ Comedy _____ Band _____ Spoken Word _____ Dance
_____ Variety

NAME OF 1st PIECE TO BE PERFORMED: _____

-Describe Your 1st Act: _____

NAME OF 2nd PIECE TO BE PERFORMED: _____

-Describe Your 2nd Act: _____

(Email Your One Minute and Thirty Second Video Submissions to: info@lupusarktalentshow.com)



BIOGRAPHY

Briefly describe any ties to lupus:

Accomplishments in your chosen talent in past 5 yrs:

I/We wish to enter the Lupus Foundation of Arkansas, Inc. Statewide Talent Show (Virtual Edition) and agree to abide by the rules. I certify that all information provided above is true and accurate.

SIGNATURE: _____ **(Parent or guardian must sign for minor.)** **Date:** _____