

TELETHON OF STARS TALENT PRE-QUALIFICATION FORM

*Please complete this form entirely or write "NONE" in blank fields.

DATE: TALENT NAME:

CONTACT:

CONTACT TITLE:

ADDRESS:

CITY-STATE-ZIP:

HOME PHONE: WORK PHONE:

CELL PHONE: FAX:

E-MAIL:

WEB SITE:

OF PERSONS IN ACT: MUSIC:
(Country, Rock, Gospel, etc.)

BRINGS OWN BAND: YES NO # OF PERSONS IN BAND:

PERFORMS TO TRACKS: CASSETTE MINI-DISK CD

STAGE PLOT ATTACHED: YES NO

SPECIAL INSTRUMENTS (LIST):

I AGREE TO THE FOLLOWING TELETHON APPEARANCE REQUIREMENTS AND SUBMIT THE FOLLOWING;
NON-RETURNABLE RECORDING OF TALENT'S MUSIC, PHOTO OF TALENT & BIO.

**RETURN THIS FORM TO "TELETHON OF STARS TALENT" @ WPSD TV,
100 TELEVISION LANE, PADUCAH, KY, 42003, NO LATER THAN SEPTEMBER 1st 2010
YOU'LL BE NOTIFIED BY OCTOBER 1ST, 2010**

I UNDERSTAND THIS IS A CHARITABLE CONTRIBUTION OF MY TIME AND TALENTS.

SIGNED: _____

**SUBMITTING THIS TALENT FORM DOES NOT GUARANTEE A PERFORMANCE
ON THE 54th TELETHON OF STARS.**