

Lip Sync – Talent Contest  
**REGISTRATION FORM**

**Names & Ages of all members of your act:**

**Name:**

**Age:**

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**Contact Person: (Name/ Address):**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Phone:** \_\_\_\_\_ **email:** \_\_\_\_\_

**Lip Sync Song & Artist:** \_\_\_\_\_

**Talent (describe talent):** \_\_\_\_\_

\_\_\_\_\_