**MISS CLATSOP COUNTY SCHOLARSHIP PROGRAM**
**TALENT REQUEST FORM**

No two contestants will be permitted to utilize the same material. Talent requests will be granted on a first come, first served basis. It is in your best interest to complete and return as soon as possible. All talents MUST be preapproved & copies of lyrics may be requested.

NAME OF CONTESTANT: _____

TYPE OF TALENT: (CHECK ONE)

____VOCAL SONG/ARTIST: _____

_____

____DANCE STYLE/SONG: _____

_____

____INSTRUMENTAL TYPE/PIECE: _____

_____

____DRAMATIC READING AUTHOR/SUBJECT: _____

_____

____COMEDY MONOLOGUE AUTHOR/SUBJECT: _____

_____

____THEATER ARTS AUTHOR/ORIGIN: _____

_____

____OTHER DESCRIBE: _____

_____

THE MAXIMUM TALENT TIME LIMIT IS 1 minute and 30 seconds

(For music ideas visit www.musicalcreations.com)

DATE RECEIVED: _____ APPROVED: _____

If you move on to the State stage you will be required to prove that your music is approved through ASCAP / BMI. If you think you would like to use the same music at State as Local please visit their websites and search for your song to make sure it will be useable.