



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. (90 seconds)

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.