



# 2018 WALWORTH COUNTY 4-H MUSIC FESTIVAL ENTRY FORM



**4-H Club:** \_\_\_\_\_

If your club has multiple acts, please photocopy or print another copy of this entry form. There is no limit of acts per club! One act per entry form.

**NOTE:** Directors/Adult Volunteers **MUST** be screened 4-H leaders unless they always hold practices in the presence of another screened 4-H volunteer. If that is the case, please provide the name of the screened 4-H volunteer, along with that of the director. Thank you for working with us to ensure the safety of our 4-H members.

**Music Fest '19 is set for Sunday, March 3 in the Elkhorn Area High School Auditorium at 1 p.m.** Any size group performance will be accepted. Solos and duets are welcome. Each performance should be no longer than 10 min. Any type of musical performance is allowed as long it is family friendly (appropriate lyrics, dance moves, clothing, etc.). Cloverbud participation is encouraged! Performers and their families are asked to stay to watch and support other artists.

**Entry Deadline: February 18, 2019 @ 5:00pm**

**Type of performance** (ex: vocal, instrumental, lip syncing, ballet, clogging, etc.): \_\_\_\_\_

**Requested Performance Time Slot:** \_\_\_\_\_

**Screened Adult Volunteer:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_

Would you like to be listed in the program?

(Circle)      YES                      NO

**Director:** \_\_\_\_\_

(if different from Screened Adult Volunteer)

**Phone Number:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_

Would you like to be listed in the program?

(Circle)      YES                      NO

**Junior Director** (not required, but encouraged): \_\_\_\_\_ Age: \_\_\_\_\_

**Selection Title:** \_\_\_\_\_

**Original Artist/ Written by:** \_\_\_\_\_

**Choreographed By:** \_\_\_\_\_

**Exact Length of Performance** (Please time it): \_\_\_\_\_

**Accompanist:** \_\_\_\_\_

- 4-H Member
- Non 4-H Member Youth
- Adult

(over)



**Participants**

Check if member  
is a Cloverbud



Name: _____	Day-of Contact Number: _____	Cloverbud? <input type="checkbox"/>
Name: _____	Day-of Contact Number: _____	Cloverbud? <input type="checkbox"/>
Name: _____	Day-of Contact Number: _____	Cloverbud? <input type="checkbox"/>
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Special concerns or requests: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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<b><u>Questions?</u></b> Janel Heidelmeier, 4-H Program Coordinator Phone: 262-741-4951 Email: <a href="mailto:janel.heidelmeier@ces.uwex.edu">janel.heidelmeier@ces.uwex.edu</a>	<b><u>Return this form to:</u></b> Walworth County UW-Extension 100 W. Walworth Street POB 1001 Elkhorn, WI 53121 FAX: 262-741-4955 Email: <a href="mailto:janel.heidelmeier@ces.uwex.edu">janel.heidelmeier@ces.uwex.edu</a>
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