



## ***NEW ENGLAND'S GOT SPECIAL TALENT!***

### ***REGISTRATION***

***TO PARTICIPATE PLEASE COMPLETE OUR EASY TO FILL-IN INTERACTIVE  
REGISTRATION FORM.***

***PLEASE ENTER YOUR INFORMATION AND EMAIL THE COMPLETED FORM TO  
[SharonVanderline@aol.com](mailto:SharonVanderline@aol.com)***

***IF YOU PREFER YOUR COMPLETED FORM CAN BE MAILED TO***

***NEW ENGLAND'S GOT SPECIAL TALENT***

***PO BOX 476, WATERFORD, CT 06385***

### ***ELIGIBILITY:***

- All performers with special needs are welcome
- Everyone under the age of 18 must have permission of their parents or legal guardians to perform, AND must be accompanied by one (1) parent or guardian. If the parent or guardian is unable to attend, and/or is allowing the minor to attend the performance under the supervision of a third-party, please provide a Guardianship Authorization form wherein the parent or guardian designates the third party as authorized to complete the personal release for the minor.

**QUESTIONS? CALL: 877 235 5061**

**THANKS FOR YOUR INTEREST AND GOOD LUCK!!!**



**New England's Got Special Talent  
Contestant Information Sheet**

Thank you for applying to be a contestant in the television program currently entitled "**NEW ENGLAND'S GOT SPECIAL TALENT**" (the "Program"). **GOOD LUCK!!**

STAGE NAME OR GROUP \_\_\_\_\_

MAIN CONTACT INFORMATION: And PERFORMERS' INFORMATION:

NAME: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

HOW MANY PEOPLE IN YOUR ACT \_\_\_\_\_

WHERE YOU ARE CENTRALLY LOCATED? \_\_\_\_\_

TALENT CATEGORY (check ALL that apply to your act):

SINGER /MUSICIAN      DANCER      MAGICIAN      ANIMAL ACT

JUGGLER      ACROBAT      COMEDIAN      BAND      OTHER (Please explain):

PLEASE BRIEFLY DESCRIBE YOUR ACT: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

IF PERFORMING LIVE MUSIC, PLEASE LIST THE TITLE & COMPOSER AND ARTIST OF EACH SONG YOU WILL PERFORM \_\_\_\_\_

IF YOU ARE PERFORMING TO RECORDED MUSIC, PLEASE LIST THE TITLE, COMPOSER, ARTIST, & RECORDING LABEL \_\_\_\_\_

**IF A GROUP, PLEASE LIST ALL MEMBERS**

(INCLUDING THE MAIN CONTACT, IF ALSO A MEMBER OF THE GROUP)

1. NAME: \_\_\_\_\_ Phone: \_\_\_\_\_ DOB: \_\_\_\_\_

PARENTS/LEGAL GUARDIAN (if under 18 yrs. Old) \_\_\_\_\_

2. NAME: \_\_\_\_\_ Phone: \_\_\_\_\_ DOB: \_\_\_\_\_

PARENTS/LEGAL GUARDIAN (if under 18 yrs. Old) \_\_\_\_\_

3. NAME: \_\_\_\_\_ Phone: \_\_\_\_\_ DOB: \_\_\_\_\_

PARENTS/LEGAL GUARDIAN (if under 18 yrs. Old) \_\_\_\_\_

4. NAME: \_\_\_\_\_ Phone: \_\_\_\_\_ DOB: \_\_\_\_\_

PARENTS/LEGAL GUARDIAN (if under 18 yrs. Old) \_\_\_\_\_

5. NAME: \_\_\_\_\_ Phone: \_\_\_\_\_ DOB: \_\_\_\_\_

PARENTS/LEGAL GUARDIAN (if under 18 yrs. Old) \_\_\_\_\_

NAME: \_\_\_\_\_ Phone: \_\_\_\_\_ DOB: \_\_\_\_\_ PARENTS/LEGAL

PARENTS/LEGAL GUARDIAN (if under 18 yrs. Old) \_\_\_\_\_

6. NAME: \_\_\_\_\_ Phone: \_\_\_\_\_ DOB: \_\_\_\_\_

PARENTS/LEGAL GUARDIAN (if under 18 yrs. Old) \_\_\_\_\_

7. NAME: \_\_\_\_\_ Phone: \_\_\_\_\_ DOB: \_\_\_\_\_

PARENTS/LEGAL GUARDIAN (if under 18 yrs. Old) \_\_\_\_\_

8. NAME: \_\_\_\_\_ Phone: \_\_\_\_\_ DOB: \_\_\_\_\_

PARENTS/LEGAL GUARDIAN (if under 18 yrs. Old) \_\_\_\_\_

IF SPACE IS NEEDED FOR ADDITIONAL GROUP MEMBERS, PLEASE COPY THIS PAGE & ATTACH.

**TO BE COMPLETED BY EACH MEMBER OF THE ACT**

NAME \_\_\_\_\_ HOME PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_ CELL PHONE \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_

SCHOOL ADDRESS (IF RESIDENT) \_\_\_\_\_

LIVE INDEPENDENTLY \_\_\_\_\_ LIVE WITH FAMILY/GUARDIAN \_\_\_\_\_

PLACE OF BIRTH \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_ # OF PEOPLE IN ACT \_\_\_\_\_

STAGE NAME \_\_\_\_\_

PARENTS/LEGAL GUARDIAN (UNDER 18) \_\_\_\_\_

LEVEL OF SCHOOL COMPLETED \_\_\_\_\_ OCCUPATION \_\_\_\_\_

PLEASE DESCRIBE ANY TV APPEARANCES THAT YOU HAVE PARTICIPATED IN AS AN INDIVIDUAL OR PART OF A GROUP \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

PLEASE LIST ANY WEBSITES (INCLUDING SOCIAL NETWORKING SITES LIKE FACEBOOK, MYSPACE, YOU TUBE THAT YOU MAY CURRENTLY BE SEEN ON. \_\_\_\_\_

HAVE YOU EVER PERFORMED ON ANY MUSICAL SOUND RECORDING?  
YES/NO \_\_\_\_ IF YES, PLEASE EXPLAIN \_\_\_\_\_

WHAT MAKES YOUR ACT /TALENT GREAT AND SPECIAL? \_\_\_\_\_

WHAT OTHER TALENTS/ACTS DO YOU HAVE? \_\_\_\_\_

WHAT MAKES YOUR TALENT/ACT UNIQUE? \_\_\_\_\_

HOW LONG HAVE YOU BEEN DOING YOUR ACT/TALENT?----HOW DID YOU LEARN IT? \_\_\_\_\_

WHAT MADE YOU START DEVELOPING YOU ACT/TALENT AND WHAT DRIVES YOU TO KEEP PERSUING IT? \_\_\_\_\_

WHO IN YOUR LIFE DO YOU WANT TO MAKE THE MOST PROUD & WHY? \_\_\_\_\_

WHO HAS BEEN YOUR BIGGEST SUPPORTER? \_\_\_\_\_

WHO ARE YOUR HEROES PERSONALLY AND PROFESSIONALLY? \_\_\_\_\_

\_\_\_\_\_

WHAT OBSTACLES HAVE YOU OVERCOME IN PURSUING YOUR TALENT/ACT? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

PLEASE DESCRIBE A MAJOR EVENT THAT HAS AFFECTED YOUR LIFE \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

HOW DID YOU HEAR ABOUT *NEW ENGLAND'S GOT SPECIAL TALENT* ? \_\_\_\_\_

\_\_\_\_\_

I have read, understood and agree with the foregoing:

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

PRINT NAME \_\_\_\_\_

**PARTICIPANT CONSENT & RELEASE DO NOT SIGN UNTIL YOU HAVE COMPLETELY READ THE FOLLOWING**

**I HEREBY WARRANT THAT I AM AT LEAST 18 YEARS OF AGE, AND THAT I RELEASE THE PRODUCER, PROJECT FREE AND ITS PARENT, FREEDOM UNLIMITED NOW INC., FROM ANY LIABILITY FOR ANY ALLEGED OR REAL DAMAGE RELATED TO OR IN CONNECTION WITH MY APPEARANCE ON THE PROGRAM NEW ENGLAND'S GOT SPECIAL TALENT, AND /OR THE USE OF MY TALENT, ACT, NAME, VOICE, LIKENESS, ETC.) IN ANY AND ALL PROMOTIONS FOR PROJECT FREE AND /OR THE PROGRAM: NEW ENGLAND'S GOT SPECIAL TALENT.**

SIGNATURE: \_\_\_\_\_ DATE \_\_\_\_\_

PRINT NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_

EMAIL \_\_\_\_\_

IF THE ABOVE INDIVIDUAL IS UNDER THE AGE OF 18 YEARS THE PARENTS OR LEGAL GUARDIAN OF SUCH PERSON SHOULD ALSO SIGN BELOW.

THE PARENT OR GUARDIAN:

**I HEREBY WARRANT THAT I AM THE PARENT/GUARDIAN OF THE ABOVE MINOR AND THAT I RELEASE THE PRODUCER, PROJECT FREE AND ITS PARENT, FREEDOM UNLIMITED NOW INC., FROM ANY LIABILITY FOR ANY ALLEGED OR REAL DAMAGE RELATED TO OR IN CONNECTION WITH MY CHILD'S/WARD'S APPEARANCE ON THE PROGRAM: NEW ENGLAND'S GOT SPECIAL TALENT, AND /OR THE USE OF MY CHILD/WARD'S TALENT, ACT, NAME, VOICE, LIKENESS, ETC.) IN ANY AND ALL PROMOTIONS FOR PROJECT FREE AND /OR THE PROGRAM: NEW ENGLAND'S GOT SPECIAL TALENT.**

SIGNATURE: \_\_\_\_\_ DATE \_\_\_\_\_

PRINT NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_

EMAIL \_\_\_\_\_

THE PARENT OR GUARDIAN:

**I hereby authorize or permit: \_\_\_\_\_ to accompany my minor child/ward to participate in the program. I hereby agree to release the Released Parties from and against any and all claims, liabilities, and expenses related to or connected with any such person accompanying my minor child/ward to the Program.**

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

INDIVIDUAL ACCOMPANYING MINOR (NOT PARENT OR GUARDIAN) MUST ALSO SIGN BELOW:

I represent and warrant that I am the Individual Accompanying Minor designated by the minor's parent/guardian above. I have agreed to be responsible for the safety, health, and welfare of the minor during the audition process. In addition, for good and valuable consideration, the receipt and sufficiency which are acknowledged herein, I hereby agree to be bound by and to perform all of the terms and conditions of the foregoing Participant Consent & Release.

**SIGNATURE:** \_\_\_\_\_

**PRINT NAME:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_

**E-MAIL:** \_\_\_\_\_

**ADDRESS;** \_\_\_\_\_

**This Agreement shall be interpreted under the laws of the State of Connecticut  
without regard to the conflicts or law provisions thereof**

**PRODUCER RESERVES THE RIGHT TO DENY ANY INDIVIDUAL OR ACT PERMISSION TO PERFORM FOR ANY  
REASON OR NO REASON AT ALL, AT THE SOLE DISCRETION OF THE PRODUCER.**

**QUESTIONS? CALL: 877 235 5061**

**THANKS FOR YOUR INTEREST AND GOOD LUCK!!!**