

TALENT ENTRY FORM

NGA Senior Adult Day, Legacy Retreat Center, Sept. 23, 2017

Entry Deadline: September 8

Mark Categories Entering (must be 50 or older to participate)

CREATIVE ART \$10 each

- Crochet/Knitting/Weaving
- Dry Media
- Embroidery/Needlepoint/Cross-stitch/Appliqué
- Handcraft
- Oil/Acrylic Painting
- Photography
- Quilting
- Sculpture/Carving
- Wet Media Painting
- Woodwork

CREATIVE WRITING \$10 each

(We must receive a copy of the poem or short story with this entry form.)

- Poetry (no more than 16 lines)
- Short Story

MUSICAL VOCAL

- Vocal Solo (Female) \$10
- Vocal Solo (Male) \$10
- Vocal Ensemble (2-12) \$25
- Local Church Choir (13 or more) \$45

MUSICAL INSTRUMENTAL

- Instrumental Solo (Keyboard) \$10
- Instrumental Solo (Non-Keyboard) \$10 each
 - Brass
 - Strings bowed
 - Strings plucked
 - Woodwind
 - Percussion—definite pitch
 - Percussion—indefinite pitch
- Instrumental Ensemble (2 or more) \$25

Attention: You MUST complete the forms (and pay for) general registration as well as the talent registration in order to compete. See separate form for general registration.

Individual

Name _____ Male _____ Female _____ Age _____

Address _____ City/State/Zip _____

Phone: Home _____ Cell _____ Email _____

Fee Enclosed \$ _____

I regularly attend the following North Georgia Church of God

(Name of the Church) _____ (Pastor) _____

Ensemble or Choir (List participant names and ages on separate sheet and attach.)

Ensemble or Choir Name _____ Number in Group _____

(Name of the Church) _____ (Pastor) _____

All the members of this group must regularly attend the above mentioned North Georgia Church of God.

Leader Name _____

Address _____ City/State/Zip _____

Phone: Home _____ Cell _____ Email _____

Payment & Mail

Talent Registration Fee Enclosed \$ _____

Make checks payable to Church of God State Fund. To pay by credit card or to register online visit www.ngacog.org.

Mail to: Senior Adult Day, North Georgia Church of God, 962 Parkside Walk Lane, Lawrenceville, GA 30043

State Office Use ONLY

Date received	Payment type: check / cash / MO / CC Number _____	Amount Paid	Amount Owed
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