



Childs Name:	Date of birth:
Home Address:	Age:
	Gender:
Home Tel & Mob Tel No.	E- Mail:

Confirmation of place may be by phone, Text or E Mail, please give details above. Please fill out the form below for the event you wish to take part in. Please make sure you also get a parent/guardian to fill in the consent form.

SCUNTHORPE'S GOT TALENT COMPETITION (Free entry)

**I would like to audition. Please tick the date you will attend for audition:
NB You must book a time and date by calling 01652 662033 before completing this form**

Auditions

- Wednesday 4 August 3-5pm at the Base Youth Arts Centre
- Thursday 5 August 3-5pm at the Base Youth Arts Centre
- Monday 9 August 4.30-6.30pm at the Plowright Theatre
- Tuesday 10 August 4.30-6.30pm at the Plowright Theatre

NB The competition will take place on Thursday 12th August 7pm at the Plowright Theatre

Length of Act:

(You may be asked to perform an excerpt if your act is too long, most performances will be approx 5-10 minutes)

Description of Act: (continue over the page if necessary, include title, props, set, technical requirements)

No of performers involved:.....



THE 'It' FACTOR – SINGING COMPETITION (Free entry)

I would like to apply for a place in the competition.

(limited spaces available - first come, first served basis) Please tick which age range

Junior It Factor (8-11 years) Wednesday 11th August Plowright Theatre at 7pm []

Senior It Factor (12+ years) Thursday 12th August Plowright Theatre at 7pm []

Please have 1 song prepared and bring a backing cd along with you.

Title of Song

No of performers involved:.....

(We are happy for young people to apply as a group/duo or trio rather than solo due to limited spaces)

The Buzz - Youth Arts Festival
PARENTAL CONSENT:

1. Does your child have any medical conditions that we should be aware of ?

.....

If so, please give details on the back of this form, this information will be treated as confidential.

2. Do you consider your child to have a disability? YES NO

Disability: Defined under the Disability Discrimination Act 1995 as 'a physical or mental impairment that has a substantial and long term adverse effect on a person's ability to carry out normal day to day activities'

If Yes, what is the nature of your disability? (please state)

.....

3. Name of person to contact in an emergency:

.....

Address.....

.....

Telephone No:.....Mobile No:

.....

Note: This person should be available at this address/telephone number during the workshop sessions.

4. There may be photography and sound/video recording during the performances. These will be used in public reports, evidence and display purposes about the festival and may be uploaded to the Buzz website.

I agree/do not agree to my child being recorded / photographed whilst attending the performances.

(Please delete where appropriate)

***Yes, I do wish my details to be held on your mailing list.**

***Do you agree to your personal details set out above being held on our database and used to send out relevant material?**

***Do you agree to your personal details being shared with other venues/services within Cultural Services so that they can contact you about their events and services? (ie, Normanby Hall Country Park and Golf, 2021 Arts Development, Museums)**

***No, I do not wish to remain on your mailing list, please delete my records.**

I consent to my child participating in the above workshops and agree to all of the information above.

Signature of Parent/Guardian

.....
Name
.....
.....

Please complete this form and post to
Janine Knight The Ropewalk, Malkiln Lane Barton upon Humber DN18 5JT

Or bring it along with you on the night.

Young people will not be able to participate in the workshop if this form has not been completed, signed and returned.

