



2009 Healthy Baby Fair & Family Expo
is Looking for Talented Performers for its
1st Annual TWEEN Talent Show
October 3, 2009 Saturday 12 – 4 p.m.
John S. Knight Center Rotunda Stage
77 E. Mill St. Akron, Ohio 44308



WHO CAN ENTER

Performers in 6th – 9th grade who are soloists,
instrumentalists, music groups, or dance groups

WHAT YOU WIN

The top 3 performances chosen by our Judges
get trophies and prizes. The Grand Prize
Winner will be a featured performer at First
Night Akron.



HOW TO ENTER

Send the Participation Form by Sept. 18, 2009
by fax or mail to:

AHD HBF & Family Expo
368 S. Main St. Akron 44311
FAX 330/375-2365

(Note: The first 20 performers to apply in each
category with a complete Participation Form will be
entered into the Talent Show and be contacted with
their stage time. A mandatory rehearsal is scheduled
for Friday, Oct. 2, 2009, at 3 – 6 p.m. for all
performers.)



FOR MORE INFORMATION

Contact the EVENT Coordinator
(330) 375-2109 ext. 6688

TWEEN TALENT SHOW PARTICIPATION FORM

Contest Requirements: A parent/guardian must be come with performers. Performances are limited to 3 minutes. Soloists and dance groups must provide a CD of their music to the Event DJ. Music groups must bring their own amps and speakers. An upright piano is available but piano player is arranged for by the performer. Each performer must do a run-through on Friday, Oct. 3, 2009, between 3 p.m. and 6 p.m. with music, instruments, etc.

Your Name : _____

Grade: _____ School: _____

Confirmation of Student Status: Faculty Representative signature/date

Check One:

____ soloist: song selection _____

____ instrumentalist: instrument _____

 song selection _____

____ dance group/dance solist: style _____

 song selection _____

____ music group: name/instruments _____

 song selection _____

Parent of Performer/ Performers by signing give permission for their child to participate in the *1st Annual Tween Talent Show* and agree to accompany their child to the John S. Knight Center on Oct. 3, 2009 12 - 4 p.m. I, the parent, accept responsibility for my child's welfare and will not hold any employee of the John S. Knight Center, Akron Health Dept. or event volunteers responsible for any mishap which may occur during the event.

Performer Name _____ Parent Signature _____

Performer Name _____ Parent Signature _____

Performer Name _____ Parent Signature _____

Performer Name _____ Parent Signature _____

Performer Name _____ Parent Signature _____

Performer Name _____ Parent Signature _____

(Additional Performer Names and Parent Signatures can be added to a 3rd page attached to this form.)