

COLBORNE'S CLASSIC COUNTRY MUSIC SINGING CONTEST ENTRY FORM

NAME: _____

ADDRESS: _____

TOWN / CITY: _____

EMAIL ADDRESS: _____

PHONE NUMBER: _____

DO YOU EARN YOUR LIVING PERFORMING COUNTRY MUSIC YES ___ NO ___

COPY OF C.D. / TAPE ENCLOSED YES ___ NO ___

DO YOU HAVE YOUR OWN MUSICIANS ___ OR USE HOUSE BAND ___

PLEASE LIST 2 SONGS YOU WILL BE PERFORMING:

1. _____ KEY _____

2. _____ KEY _____

Alternate to be used (if you wish) if in top 6 play-offs.

1. _____ KEY _____

2. _____ KEY _____

PLEASE ENCLOSE PAYMENT OF \$20.00 ENTRY FEE TO BE PAYABLE TO 'L. Grills'.

MAIL TO: GARY WARNER
 12917 HWY 2
 COLBORNE, ONT K0K 1S0

CONTESTANTS TO BE NOTIFIED BY MAIL OR EMAIL OF APPROXIMATE TIME ON STAGE.