

2011 District Fine Arts Festival

Individual & Group Registration Form



1. REGISTRANT INFORMATION

Name _____ Grade _____ Birth Date ___/___/___ Gender M F
2010/2011

Mailing Address _____
Street/PO Box City State Zip

Phone Number (____) _____ - _____ E-mail _____

2. CHURCH INFORMATION

***If No Fine Arts Leader, list church's mailing address.**

Church Name _____
Official Church Name Church City Church State

Youth Pastor _____ Sr. Pastor _____ FA Leader _____
Last First Last First Last First

FA Leader/Church Phone Number (____) _____ - _____ Address _____
Street City State Zip

3. MEDICAL RELEASE INFORMATION

Registrant's Full Name (Please print.) _____

I give permission for hospital or medical center staff to administer any necessary treatment immediately to me (or my child) should I (or he/she) be sick or injured during the 2011 District Fine Arts Festival. I do not hold the District Fine Arts office nor its respective officers and staff responsible for any injury as a result of my (or my child's) participation in the Festival.

Medications to which the registrant is allergic: _____

Is there anything in the registrant's medical history the district Fine Arts Festival staff should be aware of in case of a medical emergency? _____

Emergency Contact _____ Emergency Phone (____) _____ - _____

4. SIGNATURES

REGISTRANT SIGNATURE _____ Date ___/___/___

Your signature indicates that you have completely read and understand the *2011 Official Rulebook*, guidelines, and medical release and will abide by them.

PARENT SIGNATURE _____ Date ___/___/___

Your signature indicates that you understand and support your child's involvement in Fine Arts and will abide by all rules, guidelines, and medical release.

PASTOR'S SIGNATURE _____ Date ___/___/___

Your signature indicates your approval of this student's participation in Fine Arts and confirms he/she attends your Assemblies of God church or youth group.

Credit Card Information: MasterCard Visa Discover

Name _____

Must be exactly as it appears on the card

Card # _____ exp. ___/___

Must be the complete 16 digits on the front of the card Month/Year

Zip Code that is on Billing Statement: _____

Total Amount Charged to Card: \$ _____

Cardholder Signature: _____

Please list all registrants covered by this payment. If more room is needed, please attach a typewritten sheet.

Name	Amount
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

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5. INDIVIDUAL/GROUP CATEGORY SELECTION

Please Select all categories you wish to register for. Please list complete group information below.

Art Division

- Graphic Design
- Photography, Digital
- Photography, Traditional
- T-shirt Design
- Visual Art, Three-Dimensional
- Visual Art, Two-Dimensional

Communication Division

- Children's Lesson Solo
- Children's Lesson Group
- Puppetry Solo
- Puppetry Group
- American Sign Language Solo
- American Sign Language Group
- Short Film
- Short Sermon, Jr.
- Short Sermon, Sr.
- Short Sermon, Spanish

Dance Division

- Worship Dance, Solo
- Worship Dance, Troupe
- Step/Urban Solo
- Step/Urban Troupe

Drama Division

- Drama Solo
- Drama Ensemble, Large
- Drama Ensemble, Small
- Human Video Solo
- Human Video Ensemble, Large
- Human Video Ensemble, Small

Exhibition Division

- Human Video Ensemble, Spanish
- Instrumental Ensemble, Contemporary
- Spoken Word
- Vocal Ensemble, Spanish

Instrumental Division

- Guitar Solo
- Instrumental Ensemble, Traditional
- Keyboard Solo
- Percussion Solo, Traditional
- Percussion Ensemble, Traditional
- Percussion, Unconventional
- String Solo
- Wind/Brass Solo

Vocal Division

- Christian Band
- Rap Solo
- Rap Group
- Songwriting
- Vocal Ensemble, Large
- Vocal Ensemble, Small
- Vocal Solo, Female, Sr.
- Vocal Solo, Female, Jr.
- Vocal Solo, Male

Vocal Division, Continued

- Vocal Solo, Spanish Female
- Vocal Solo, Spanish Male
- Worship Team
- Choir

Writing Division

- Book Chapter
- Children's Literature
- First Person Essay
- Poetry
- Script Writing
- Short Story

Do you have an accompanist? If so, who? _____
Last First Category

****Please Note: Writing, Short Film and Web entries must be mailed with registration form and fee.****

6. GROUP INFORMATION

Attach a typed sheet if more room is needed.

Do not use church name, church city or state, category name or category abbreviation in group name(s).

To ensure that each individual is placed in the correct groups, please list the members of your group(s) and accompanist(s). **Please use a unique name for each group to avoid confusion.**

All group lists must match all other members in your group.

• **GROUP NAME** _____
Category _____
Accompanist _____
Members _____

• **GROUP NAME** _____
Category _____
Accompanist _____
Members _____

• **GROUP NAME** _____
Category _____
Accompanist _____
Members _____

• **GROUP NAME** _____
Category _____
Accompanist _____
Members _____

★ **Individual Category Registration fee:** \$20.00 for first category entered, and \$10.00 for each additional category entered.

★ **Group Registration fee:** \$10.00/person for each group category entered.

Total Amount Enclosed: \$ _____