

2010 District Fine Arts Festival Individual & Group Registration Form



1. REGISTRANT INFORMATION

Name _____ Grade _____ Birth Date ___/___/___ Gender M F
2009/2010

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 (____) _____ - _____ Email _____

Address _____
Street/PO Box 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 2010 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 2010 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

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 the Billing Statement _____

Total Amount Charged to Card: \$ _____

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

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

- Short Sermon, Spanish

Drama Division

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

Exhibition Division

- ASL Storytelling
- Human Video Ensemble, Spanish
- Instrumental Ensemble, Contemporary
- Performance Art
- Spoken Word
- Vocal Ensemble, Spanish

- Worship Dance, Solo
- Worship Dance, Troupe

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

Writing Division

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

Do you have an accompanist? If so, who?

Last	First	Category
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.

To ensure that each individual is placed in the correct groups, please list the members of your group(s) and accompanist(s).

• **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 for each group category entered.

Total Amount Enclosed: \$ _____