

Stouffville's Got Talent Application

Thank you for your interest in joining us as a performer at this year's Stouffville's Got Talent on **Saturday, May 3rd at 190TP**. The show will start at 6:00 pm with a dress rehearsal at 1:00 pm.

This year's talent showcase is a platform dedicated to celebrating creativity, skills, and talents of youth aged 10 - 17. Whether it's singing, dancing, acting, or any other talent, this event provides a great opportunity for young performers to showcase their abilities in a supportive and encouraging environment.

Please fill out the application below and return to Jordan.Cahill@townofws.ca no later than **April 14th**. If you are part of a group act, please have each performer fill out the form below:

* Please Print Clearly*

Performer(s)/ Group Name:	
Contact Name and Age:	
Contact Phone:	
Contact Email:	
Type of Act:	
Equipment Required:	

I, _____, hereby give my permission for my child to participate in Stouffville's Got Talent on May 3, 2025.

Name of Participant (please print) _____

Name of Parent/ Guardian (if applicable, please print) _____

Signature of Participant (or parent/guardian if participant is under 18) _____

Date _____
 (month, day, year)

Photo Release Form

Dear Participant,

Any photos taken will be considered for display in brochures, on the Internet or other Departmental or Town of Whitchurch-Stouffville marketing campaigns.

If you consent to have your photo used as indicated above, please sign the form below.

Thank you for your participation.

Town of Whitchurch-Stouffville

I, _____, hereby consent that the photographs for which I (or the child of whom I am guardian) posed, may be used by the Town of Whitchurch-Stouffville its assigns or successors, to promote the Town of Whitchurch-Stouffville and Town of Whitchurch-Stouffville events.

Furthermore, I hereby consent that such photographs shall be the property of the Town of Whitchurch-Stouffville, and the Town shall have the right to sell, duplicate, reproduce and make other uses of such photographs as it may desire free and clear of any claim whatsoever on my part.

Name of Participant (please print) _____

Name of Parent/ Guardian (*if applicable, please print*) _____

Signature of Participant (*or parent/guardian if participant is under 18*) _____

Date _____
(month, day, year)