88 Riverside Drive
Kapuskasing, ON P5N 1B3
Tel: 705-335-2259 Fax: 705-337-1741
www.kap100.ca

KAP100 VIRTUAL TALENT SHOW
"Kapuskasing's Got Talent"

CONTACT INFORMATION

Name : _____ Last Name: _____

Date of Birth: _____ Age: _____ School: _____

Hometown: _____ Residence: _____

Telephone: _____ Email: _____

Parent/Guardian Contact Information (for performers under the age of 18)

Name : _____ Last Name: _____

Relationship: _____ Telephone: _____

Email: _____

TALENT INFORMATION

Please select a category

☐ Music ☐ Dance ☐ Art ☐ Athlete ☐ Animal ☐ Other _____

☐ Solo Act ☐ Group Act

List the names and age of participants in the Group Act:

_____

_____

Link to your video (Youtube): _____

☐ I have read, and I understand the rules of the contest

☐ I have included a personal or group photo along with my registration.

Parent / Guardian Consent:

Signature _____ Date _____

Please return the completed form by email at kap100@kapuskasing.ca , by fax at 705-337-1741 or Mail to: Kap 100 Committee, 88 Riverside Drive, Kapuskasing, ON P5N 1B3