

The Miss Clatsop County Scholarship Program



Talent Request Form

No two contestants will be permitted to utilize the same material. Talent requests will be granted on a first come, first served basis. It is in your best interest to complete and return as soon as possible. All talents MUST be preapproved & copies of lyrics may be requested.

NAME OF CONTESTANT: _____

TYPE OF TALENT: (CHECK ONE)

____ VOCAL SONG/ARTIST: _____

____ DANCE STYLE/SONG: _____

____ INSTRUMENTAL TYPE/PIECE: _____

____ DRAMATIC READING AUTHOR/SUBJECT: _____

____ COMEDY MONOLOGUE AUTHOR/SUBJECT _____

____ THEATER ARTS AUTHOR/ORIGIN _____

____ OTHER DESCRIBE: _____

THE MAXIMUM TALENT TIME LIMIT IS 1 minute and 30 seconds

(For music ideas visit www.musicalcreations.com)

DATE RECEIVED: _____ APPROVED: _____