

**ENTRY FORM**  
**2025 LUPUS FOUNDATION OF ARKANSAS, INC. STATEWIDE TALENT SHOW**  
Sponsored by the Lupus Foundation of Arkansas, Inc.  
**Entry Deadline: MIDNIGHT SATURDAY, MARCH 29, 2025**  
CASH APP \$25 OR \$50 NONREFUNDABLE DONATION TO: [\\$lupus4arkansas](https://lupus4arkansas.com) or pay  
online: [www.lupus4arkansas.com](http://www.lupus4arkansas.com)

NAME OF GROUP OR INDIVIDUAL PERFORMING:

\_\_\_\_\_

NAME & CELL OF CONTACT PERSON SUBMITTING APPLICATION

\_\_\_\_\_ CELL \_\_\_\_\_

ADDRESS: \_\_\_\_\_ STREET

City \_\_\_\_\_ ZIP \_\_\_\_\_

NUMBER OF PEOPLE IN ACT: \_\_\_\_\_ LIST ALL GROUP MEMBERS BELOW (add a sheet if necessary)

| NAME | AGE | BIRTHDATE | CELL |
|------|-----|-----------|------|
|      |     |           |      |
|      |     |           |      |
|      |     |           |      |

TALENT CATEGORY: (Mark One) \_\_\_\_\_ Vocal \_\_\_\_\_ Instrumental \_\_\_\_\_ Comedy \_\_\_\_\_ Band  
\_\_\_\_\_ Spoken Word \_\_\_\_\_ Dance \_\_\_\_\_ Variety

NAMES OF PIECES TO BE PERFORMED: 1. \_\_\_\_\_

2. \_\_\_\_\_

TYPE OF ACCOMPANIMENT: \_\_\_\_\_ TRACK \_\_\_\_\_ KEYBOARD \_\_\_\_\_ GUITAR \_\_\_\_\_

ACCOMPANIST NAME & CELL \_\_\_\_\_

ACCOMPANIST INSTRUMENT \_\_\_\_\_

EQUIPMENT NEEDED: \_\_\_\_\_ # of Wireless Handheld Mics Needed \_\_\_\_\_ Other \_\_\_\_\_

I/We wish to enter the Lupus Foundation of Arkansas, Inc. Statewide Talent Show and agree to abide by the rules. I certify that all information provided above is true and accurate.

SIGNATURE: \_\_\_\_\_

(Parent or guardian must sign for minor.) Date: \_\_\_\_\_

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**INDIVIDUAL OR GROUP BIO**

**(Give us some interesting facts about yourself or group to introduce you before your performance!)**

Please read the entire packet before completing this form. Please *print or type* all information required. **EACH PERFORMER MUST FILL OUT THIS FORM** (make copies if necessary).

1. Name of group or individual performing \_\_\_\_\_

2. City or town you or group is from \_\_\_\_\_

3. Email \_\_\_\_\_ Cell \_\_\_\_\_

4. Best time to contact if needed: \_\_\_\_\_

5. Briefly describe any ties to lupus through yourself, family, friends, or coworkers, etc.:

\_\_\_\_\_  
\_\_\_\_\_

6. How did you hear about the talent show? \_\_\_\_\_

\_\_\_\_\_

7. Why did you want to participate in this talent show? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

7. Accomplishments or interesting facts about your chosen talent in past 5 years:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_