

ENTRY FORM
2026 LUPUS FOUNDATION OF ARKANSAS, INC. STATEWIDE TALENT SHOW
Sponsored by the Lupus Foundation of Arkansas, Inc.
Entry Deadline: MIDNIGHT SATURDAY, September 04, 2026
CASH APP \$25 OR \$50 NONREFUNDABLE DONATION TO: \$lupus4arkansas or pay
online: 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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P. O. 146

Little Rock, AR 72203

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:

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