GALAXY OF STARS® Talent Search



ENTRY FORM

PRELIMINARY VIRTUAL VIDEO CONTEST VIDEO LINK/MP4/SHARE FROM SMARTPHONE Scan or Take Photo of Entry Form & Personal Release Email to: galaxyofstars@comcast.net Or Text Entry Materials to 615-495-7375



Enter Today!!

CONTEST ENDS Aug 4, 2022 Midnight

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Email or Mail to Galaxy of Stars, P.O. Box 3566, Brentwood, TN 37024

Pay Online via PayPal/Venmo or mail check payable to: Galaxy of Stars Email Video Link & Entry Materials to galaxyofstars@comcast.net

EACH ENTRY \$35.00 Judges Comments

Email Link/MP4 or share video from your smartphone of your performance to compete in one of three Age Divisions (Comets, Shooting Stars or Novas). Age Division is determined by Age of contestant as of 8/31/22 All talents (vocal, dance, instrumental & variety) compete according to Age Division. A minimum of 3 of the highest scoring contestants in each age division will advance to the Galaxy of Stars® Talent Search Finals competition to be held Sept. 4th in Grand Islandc. You can enter multiple categories but may submit only one entry per category. Maximum Performance Time for each entry is 4 minutes. Use backup tracks or one instrument for accompaniment or, if vocal, can sing acapella. Individual Instrumental: acoustic or electric. Small acoustic ensembles or groups (Max 8). Must be a United States Citizen and reside in Nebraska. Email entry materials & payment by midnight August 4, 2022 to galaxyofstars@comcast.net. Judges Comments Provided.

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Individua Voca	l Entry (Age as of a	SHOOTING 8-31-2022) Instrumental oney OrderCheck	Group Entry (Age of Variety	Oldest Member as	s of 8-31-2022) Group
VIDEO SUBMISSION CHECKLISTEmail Video Link Send MP4 Share Video From Smartphone					
Read Official Rules Entry Form Personal Release Group Members Information Form (If Applicable)					
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1	Video link or MP	4 must be emailed to	: galaxyofstars@co	mcast.net	
Please Print: First Name	Print: First Name M.I. Last Name of Contestant or Group Leader				
Address		City	State		Zip
Home Phone	Cell Phone	Email Address			
Name of Parent/Legal Guardian if 18 or Under Signature of Parent/Legal Guardian					
GROUP INFORMATIO	N: Each Member of	a Group is Required to Sub	omit a Personal Release F	orm.	
Name					
Name					
		nload the Group Members			
Please Fill Out Media Info	rmation for Press Re				
Local Newspaper		Contact _		Phone	
TV Station		Contact _	Contact		
Radio Station		Contact	Contact		