



4466 GlendalePierrefondsQuebec, H9H 2L2  
(514) 696-3359

## REGISTRATION FOR TEEN TALENT COMPETITION

### OFFICIAL APPLICATION

(PLEASE USE CAPS)

Full name : \_\_\_\_\_

Age: \_\_\_\_\_ Birth date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Full address: \_\_\_\_\_ Street: \_\_\_\_\_ appt: \_\_\_\_\_

City: \_\_\_\_\_ Prov: \_\_\_\_\_ Postal code: \_\_\_\_\_

Telephone number(s): \_\_\_\_\_

Email address/URL: \_\_\_\_\_

High school: \_\_\_\_\_ grade: \_\_\_\_\_

Program:(e.g. arts, drama, science, sports, etc): \_\_\_\_\_

Performing talent(s): \_\_\_\_\_

Hobbies, special interests (school, community, volunteer, church:, sports, etc):

\_\_\_\_\_

\_\_\_\_\_

Career goals: \_\_\_\_\_

Have you ever won a **RapSohD** contest? \_\_\_\_\_ If yes, what year? \_\_\_\_\_

How did you find out about this competition? Radio \_\_\_ TV \_\_\_ Newspapers \_\_\_ Poster \_\_\_ Friend \_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

(Contestant)

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

(Parent or guardian)

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

(RapSohD Director)

**Please include a photo, copies of birth certificate and latest school report with this application** (see below). For more information, please contact:  
Mrs. N. Heitner (514) 696-3359 or Mrs. P. Benson (514) 620-6073.

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Requirements for participation are as follows:

1. A completed application form. (Documents supplied become the property of RapSohD and can be used in any manner for the future promotion and advancement of the organization).
2. An audition of the talent presented, containing:
  - Self-introduction (20 sec).
  - A solo performance. The performance should last no longer than two minutes (1m58s is safe). The material performed must be in good taste, reflect the age group and not be insensitive to any creed, race or group. Background vocals, assistants, are not permitted. No fire acts are allowed.
  - Appearance – though casual, must be youthful (no excessive exposure of the body).

Please note that neither RapSohD nor its supporters will be liable for any damage, loss of property, or injury that may occur as a result of your participation in its competition. Participation will be based on preliminary evaluation of all material submitted.

The members of RapSohD welcome your co-operation and your presence. Best wishes.

Norma Heitner, Chairperson  
RapSohD

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**The full application including all required materials MUST be received by RapSohD BEFORE the audition. Please note that a non-refundable fee must be included with all applications. Call for details.**

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