

# OMEGA PSI PHI FRATERNITY, INC. LAMBDA UPSILON CHAPTER **TALENT HUNT 2016**

SPONSORED BY: ROSA L. PARKS SCHOOL OF FINE AND PERFORMING ARTS

DEADLINE TO ENTER COMPETITION IS FEBRUARY 26, 2016  
9TH-12TH GRADE ONLY

## CATEGORIES

- CLASSICAL INSTRUMENTAL
- CLASSICAL VOCAL
- CONTEMPORARY INSTRUMENTAL
- CONTEMPORARY VOCAL
- DANCE
  - BALLET, TAP OR MODERN
  - (NO KRUMPIN, POPPIN OR HIP-HOP)
- DRAMATIC INTERPRETATION
- VISUAL ARTS
  - PAINTING, DRAWING
  - SCULPTURE OR PHOTOGRAPHY

## WINNER RECEIVES

### CASH PRIZE

PARTICIPATION IN  
A MULTI-STATE COMPETITION  
FOR ADDITIONAL PRIZES.

For more information visit  
[WWW.PATERSONQUES.COM](http://WWW.PATERSONQUES.COM)  
to download an application or  
email us at [talent@nextlevelmgmt.net](mailto:talent@nextlevelmgmt.net)

## AUDITIONS

SATURDAY, MARCH 12, 2016 9AM - 12PM

## COMPETITION

SATURDAY, MARCH 19, 2016 · 2PM

**ROSA L. PARKS SCHOOL  
OF FINE AND PERFORMING ARTS**  
413 12TH AVENUE, PATERSON, NJ 07514



# International Talent Hunt Contestant Application

## OMEGA PSI PHI FRATERNITY, INC.

(THIS FORM MUST BE TYPED)

Contestant's Name Age \_\_\_\_\_

Contestant's E-mail address \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Parents or Guardian \_\_\_\_\_ Telephone \_\_\_\_\_

Chapter/District \_\_\_\_\_ LAMBDA UPSILON CHAPTER

Chapter/District Talent Hunt Chairman \_\_\_\_\_ MICHAEL J. SMITH

Chairman Telephone (Home) \_\_\_\_\_ (973) 851-2240 (Work) \_\_\_\_\_ (973) 851-2240

Chairman email \_\_\_\_\_ MICHAELS@NEXTLEVELMGMT.NET

Name of High School \_\_\_\_\_

Grade Point Average (GPA) \_\_\_\_\_ SAT Score \_\_\_\_\_ ACT Score \_\_\_\_\_

Extra Curricula Activities (School/ Community) \_\_\_\_\_

\_\_\_\_\_

Honors and Awards Received \_\_\_\_\_

\_\_\_\_\_

Church Membership \_\_\_\_\_

Hobbies \_\_\_\_\_

College /University You Plan to Attend

City \_\_\_\_\_ State \_\_\_\_\_ Major \_\_\_\_\_

### Category you will compete In Select One:

Contemporary Instrumental Solo \_\_\_\_\_ Classical Instrumental Solo \_\_\_\_\_  
Contemporary Vocal Solo \_\_\_\_\_ Classical Vocal Solo \_\_\_\_\_ Piano Solo \_\_\_\_\_  
Drama Interpretations \_\_\_\_\_ Dance \_\_\_\_\_ Visual Arts \_\_\_\_\_

Name of Composition/Presentation \_\_\_\_\_

Name of Composer \_\_\_\_\_

### Please indicate which of the following you will need for your performance:

a) Piano \_\_\_\_\_ b) Microphone \_\_\_\_\_ c) Cassette Player \_\_\_\_\_  
d) Accompanist \_\_\_\_\_ e) CD Player \_\_\_\_\_ f) Other (please be specific) \_\_\_\_\_

(Note: You are required to provide any electronic equipment required and an operator.)

Note: A wallet size (passport style) photograph and a biographical sketch of 100 words or less must accompany this form. The deadline for receipt of this application is 60 days before the Conclave. Applications received after this date will not be allowed to participate. Please contact the Talent Hunt Chairman to confirm receipt of your completed application.

# Omega Psi Phi Fraternity, Inc.

## Parental Release and Consent Form

### Talent Hunt Competition

Parental release and consent form (submit by start of event)

Student s name: \_\_\_\_\_ Age: \_\_\_\_\_

Physical address: \_\_\_\_\_

\_\_\_\_\_

Email address: \_\_\_\_\_

Parent or legal guardian s name: \_\_\_\_\_

Contact phone numbers during event hours: (home): \_\_\_\_\_ (cell): \_\_\_\_\_

#### Insurance information:

Insurance coverage by: \_\_\_\_\_ Policy Number: \_\_\_\_\_

#### Photo and Image Release:

I give the Omega Psi Phi Fraternity, Inc. permission to photograph, videotape or record my child and to use the photographs, videotape, film or recording in its print and electronic publications, video broadcasts, radio broadcasts or any other presentation of the images. I agree that the photographs and videotapes, including negatives, slides and prints or any other presentation of the images, are the property of the Omega Psi Phi Fraternity, Inc. I waive any right I may have to inspect and/or approve the finished product in which the images may be used. By signing this form, I intend to release and discharge the Omega Psi Phi Fraternity, Inc. from any and all claims that I may have, and agree to hold harmless and defend the Omega Psi Phi Fraternity, Inc. from liability arising from claims or litigation arising from its use of my child s image, voice, or performance.

#### Waiver and Consent for Emergency Treatment:

I am aware that the activity for which I am registering my child involves limited events or field trips that will be conducted as part of this activity. In consideration of the right to participate in this activity, I waive and release any and all rights and claims for damage I may have against the Omega Psi Phi Fraternity, Inc., its Board of Directors, District or local officials, members, employees and agents, for any and all injuries, if any, suffered by my child while participating in this activity. I give my consent to emergency treatment, including hospitalization as may be needed for the welfare of my child If you are under the age of 21, your parent/guardian must also sign this form.

Date: \_\_\_\_\_

Student s Signature \_\_\_\_\_

Print Parent/Guardian Name) \_\_\_\_\_

(Parent/Guardian Signature) \_\_\_\_\_

All applications must be submitted via mail by: January 31, 2013. **Mail to:**  
**Lambda Upsilon Chapter**  
**PO Box 3023**  
**Paterson, NJ 07509**