



OMEGA PSI PHI FRATERNITY, INC. - LAMBDA UPSILON CHAPTER

TH2K17

TALENT HUNT COMPETITION

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

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.

REGISTER
FREE

WWW.PATERSONQUES.COM

DOWNLOAD AN APPLICATION
FOR INFO EMAIL
TALENT@NEXTLEVELMGMT.NET

APPLICATION DEADLINE IS 3/3/17
9TH-12TH GRADE ONLY

AUDITION
SATURDAY, MARCH 11, 2017 9AM - 12PM
COMPETITION

SATURDAY, MARCH 18, 2017 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 _____ BRO. 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 form 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: May 3, 2017. **Mail to:**
Lambda Upsilon Chapter
PO Box 3023
Paterson, NJ 07509