



OMEGA PSI PHI FRATERNITY, INC. - LAMBDA UPSILON CHAPTER

# TH2K19

## 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](http://WWW.PATERSONQUES.COM)

DOWNLOAD AN APPLICATION  
FOR INFO EMAIL  
[TALENT@NEXTLEVELMGMT.NET](mailto:TALENT@NEXTLEVELMGMT.NET)

APPLICATION DEADLINE IS 3/2/18  
9TH-12TH GRADE ONLY

**AUDITION**  
SATURDAY, MARCH 9, 2019 9AM - 12PM

**COMPETITION**  
SATURDAY, MARCH 16, 2019 11AM

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

# 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 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: March 1, 2019. **Mail to:**  
**Lambda Upsilon Chapter**  
**PO Box 3023**  
**Paterson, NJ 07509**