Performer Information:

Name:___________________________________________     Age:_______
Address:______________________________________________________
City:_________________________    Phone:_________________________
Email:________________________________________________________

Additional Performers

Name: ____________________________      Age:________     Phone:_____________
Name: ____________________________      Age:________     Phone:_____________
Name: ____________________________      Age:________     Phone:_____________
Name: ____________________________      Age:________     Phone:_____________
Name: ____________________________      Age:________     Phone:_____________

Special Requests:
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________

Registration may be taken to the city recreation office and is open until Friday, August 3rd.

If you have any questions please call Susan Wilson (801)319-9288 or email fivekidsofmine@yahoo.com

All talents are welcome, however, performers MUST live in Salem (if you are performing as part of a group, at least one performer must live in Salem). NO EXCEPTIONS

Talent must be less than 4 minutes.