

Watertown's RiSING Star Competition  
Audition Information Sheet  
PLEASE FILL IN ALL FIELDS!! ALL ARE REQUIRED PRIOR TO AUDITION!!

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Parent/Legal Guardian Name (If under 18 yrs. Old): \_\_\_\_\_

Name of Act or Group: \_\_\_\_\_ Number in Group: \_\_\_\_\_

Please list the names of each member of your act or group: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Vocal Category**

Solo     Duet     Trio     Quartet     Small Group

**Accompaniment Category**

CD     Piano     Brass Ensemble     Guitar     Band

Please list the title and composer/artist of the song you intend to perform: \_\_\_\_\_

\_\_\_\_\_  
Tell us what makes you Watertown's RiSING Star: \_\_\_\_\_

\_\_\_\_\_

Thank you for auditioning for Watertown's RiSING Star Competition. NAIFA-Glacial Lakes Region reserves the right to disqualify anyone from the Final Performance or audition process should they at any time supply untruthful, inaccurate or misleading personal details or information for any other reason at the sole discretion of NAIFA-Glacial Lakes Region. I understand that NAIFA-Glacial Lakes Region reserves the right to refuse and audition to any individual or act, at its sole discretion, at any time for any reason.

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

Print Name: \_\_\_\_\_