

Form for IAAF Talent Show Participants, Family, and Guests to Pre-Register for convention					
Talent Show Director: David Engelbrecht cell phone: (815) 262-2161 home: (815) 234-5296 or by email at dave.engelbrecht@hughes.net or Assistant Talent Show Director Kris Lowe cell phone: (618) 660-5708 or by email at clintoncofair@gmail.com. Registration questions Terri Quinn email to iaafsecretary@gmail.com					
In completing this form, you are agreeing that the participant/s have won at the local county fair program and have been approved to complete this registration for the state convention. Otherwise, all monies and possible participant/s may be removed from the state competition. See rules on the IAAF site.					
Entries from professional entertainers will not be accepted or permitted to perform. See rules for professional performers.				JUNIOR	SENIOR
County Fair		Contact Name			
Address		City	State		
Phone		Cell	Zip		
Email:		Fax			
Entry fee \$75 for each division must be included. If entering both divisions, total cost is \$150.					
Jr. Talent Participant Names and age/s as of the local talent contest. Please include type of act (ie., vocal solo, duet, trio, ensemble, dance, acrobat, instrumental, piano, novelty, etc.).					
Sr. Talent Participant Names and age/s as of the local talent contest. Please include type of act (ie., vocal solo, duet, trio, ensemble, dance, acrobat, instrumental, piano, novelty, etc.).					
Names for each PARTICIPANT(S), age as of the local contest (as above), with phone number: PLEASE TYPE OR PRINT					
1		7			
2		8			
3		9			
4		10			
5		11			
6		12			
Please place additional names of GUESTS for badges below or on another form: PLEASE TYPE OR PRINT					
1		7			
2		8			
3		9			
4		10			
5		11			
6		12			
There is no charge for each talent show participant(s) or those 10 years of age or under.		Number of N/C badges:			
\$25/person (family/guest) - Please PRINT or TYPE names above.		Number of guest/family badges:			
Total number of badges for all participants.		Number of total participant badges:			
		Total Amount Due: \$0.00			
Name of at least one PARENT or GUARDIAN with phone and email for participant(s) and/or group REQUIRED below.					
NAME	PHONE	EMAIL			
Please return to: IAAF Attn: Terri Quinn 15824 N 1650th St. Chrisman, IL 61924 or email to iaafsecretary@gmail.com					
MUST BE RECEIVED BY NOVEMBER 20th, 2025					
Forms of Payment Accepted:	Check	Credit Card	Money Order		
All applications MUST be received before November 20th, 2025 with a cost of \$25 per person. If after November 20th they will not be able to compete.					
Name on Card:		Signature:			
Billing Zip code:		Credit Card #			
Exp. Date		CVC Code	(on back of card)		