

2015 Kids Fine Arts Festival Individual Registration Form

Phone (____) _____ - _____

Grade _____

Male Female

Last Name _____

First Name _____

Address _____

City/State/Zip _____

Church Name _____

Children Pastor/Children's Leader's Name _____

Children Pastor/Children's Leader's Email - _____

Pastor's Signature _____

COST: \$20.00 First Category
\$5 Each Additional Category

Categories (Circle all that apply)

Music Division

Female Vocal Solo

Male Vocal Solo

Instrumental String Solo

Instrumental Wind Solo

Keyboard Solo

Instrumental Ensemble

Large Vocal Ensemble(5-10)

Small Vocal Ensemble(2-4)

Kids Choir (11 – 75)

Percussions

Drama Division

Human Video Solo

Drama Solo

Drama Group

Small Human Video Group (2-4)

Large Human Video Group (5-15)

Sign Language Solo / Group

Dance Solo

Dance Group

Writing/Art Division

Puppetry

Miscellaneous

Poetry

Short Story

Visual Art

Photography

Puppetry Solo

Puppetry Group

Short Sermon

Cookies



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Keyboard Solo

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Small Vocal Ensemble(2-4)

Kids Choir (11 – 75)

Percussions

Drama Division

Human Video Solo

Drama Solo

Drama Group

Small Human Video Group (2-4)

Large Human Video Group (5-15)

Sign Language Solo / Group

Dance Solo

Dance Group

Writing/Art Division

Puppetry

Miscellaneous

Poetry

Short Story

Visual Art

Photography

Puppetry Solo

Puppetry Group

Short Sermon

Cookies

2015 Kids Fine Arts Festival Group Registration Form

Church Name _____ Leader's Name _____

Address _____ City, State, Zip _____

Phone Number (____)____/_____

Group Categories (Circle all that apply)

Music Division

Instrumental Ensemble Large Vocal Ensemble(5-10) Small Vocal Ensemble(2-4)
Kids Choir (11 – 75)

Drama Division

Drama Group Small Human Video Group (2-4)
Large Human Video Group (5-15) Sign Language Group

Puppetry

Puppetry Group
Dance Group

**COST: \$20.00 First Category
\$5 Each Additional Category**

Category: _____

Group Members (please list out all participants in group):

Number of participants in group: _____

Category: _____

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Category: _____

Group Members (please list out all participants in group):

Number of participants in group: _____

Category: _____

Group Members (please list out all participants in group):

Number of participants in group: _____

Medical Release Form

"I give permission for hospital or medical center staff to administer any necessary treatment immediately to my child should he/she be sick or injured during the District Kids Fine Arts Festival, on the dates of _____. I do not hold the District Kids Fine Arts Festival and its respective officers and staff responsible for any injury as a result of my child's participation in the festival."

ACTIVITY CONSENT: PERMISSION IS GIVEN TO ARIZONA DISTRICT COUNCIL OF THE ASSEMBLIES OF GOD TO USE PHOTOGRAPHS (INDIVIDUAL OR GROUP) AND/OR MULTIMEDIA IMAGES AND RECORDINGS IN THE BEST INTEREST OF THE ARIZONA DISTRICT COUNCIL OF THE ASSEMBLIES OF GOD.

Student's Name: _____

Parent/Guardian's signature: _____

Please print the following:

Parent/Guardian's name: _____

Daytime Phone: _____ Evening Phone: _____

Parent(s) Home Address: _____

Medications student is allergic to: _____

Is there anything in this student's medical history that the Kids Fine Arts Festival should be aware of? If so, please explain:



Medical Release Form

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