



**Knox County Be Real Teen Idol
Contestant Application - 2008**

NAME OF INDIVIDUAL _____

TITLE OF SONG(S) AND ARTIST TO BE PERFORMED – *Lyrics must be attached!*

ACCOMPANIMENT: CD/Cassette A Capella Single Instrument

PARENT/GUARDIAN _____

ADDRESS _____ **CITY** _____ **ZIP** _____

DAYTIME PHONE _____ **EVENING PHONE** _____

EMAIL: _____

SCHOOL YOU ATTENDED LAST YEAR _____

AGE ON JULY 29, 2008 _____

T-Shirt Size: _____

SPECIAL REQUIREMENTS:

FUTURE GOAL(S):

I pledge to *Be Real* to myself, my family, my community, my dreams by leading a positive and healthy lifestyle free from alcohol, tobacco and other drugs as well as illegal activities.

Participant Signature

I give permission for my son/daughter to participate in the Knox County Teen Idol Contest and allow the supporting groups permission to use audio and visual media for promotional purposes without compensation or additional consideration.

Parent/Guardian Signature

**Applications must be
received by *July 14, 2008* to:**

**Applications are accepted
in order of receipt until the program
is full.**

**U of I Extension Knox County
Attn: Cheryl Geitner
180 S. Soangetaha Road, Suite 108
Galesburg, IL 61401**

If you plan to participate in this program and a special need must be addressed in order for you to participate, please contact Cheryl Geitner, 309.342.5108.