

**2021
HOWARD COUNTY FAIR
TALENT SHOW
APPLICATION**

DATE	
AGE	
NAME	
ADDRESS	
CITY, STATE, ZIP	
TELEPHONE	
EMAIL	
SCHOOL	
TYPE OF ACT	
NAME OF ACT	
Name(s) of participants	1.
	2.
	3.
	4.
	5.

Premium payment will be made by check to one individual when they are entered as a Duo or Group.

Name of individual to receive check should be listed above.