

# Talent & Variety Show

Chairperson - Mary E. F. Streaker (410-382-7135)

**Thursday, August 10<sup>th</sup> - 7:00 PM**  
**Entertainment Stage by Dining Hall**

**SONGS · DANCING · COMEDY ACTS · INSTRUMENTAL NUMBERS**

**3 to 5 Minute Time Limit**

**\$1,500.00 - To Be Awarded In Various Age Groups**

## **RULES**

1. Contest open to residents of Howard County and adjoining counties.
2. Entry forms will be available **Online**, at the **Fair Office** during the week of the Fair and until 6:00 pm on the day of the contest, and at the **Entertainment Stage** from 6:00-7:00 pm on Thursday evening.
3. Contestants will be divided by age into three categories:
  - Children's Group                      9 years old and under
  - Youth Group                              10 to 15 years old
  - Teenage/Adult Group                  16 years old and older
4. The Groups will perform as follows:
  - Children's Group Show begins at 7:00 pm
  - Youth Group Show follows Children's Group
  - Teenage/Adult Group Show follows Youth Group
5. The judges' evaluations will be calculated and awards will be made **after Youth Group and at end of show.**
6. Cassette tapes or CD's may be used to accompany performers. A piano will be available and on stage. Band groups will hook up to electric equipment provided by management. **ALL CONTESTANTS SHOULD PLAN FOR EXPEDIENT SET-UP.**
7. Premium money of \$500.00 will be awarded as follows in each Group: **First--\$150; Second--\$100; Third--\$75; Fourth--\$50; Fifth--\$25; Sixth--\$20; All Others--\$15.**
8. The Howard County Fair Association reserves the right to approve both the content and expression of any act. A representative of the HCFA shall have the authority to prohibit or cancel in progress any act that such representative determines, in his/her sole discretion, is not in keeping with the family atmosphere of the Fair. Please plan your act accordingly.

**2023  
HOWARD COUNTY FAIR  
TALENT SHOW  
APPLICATION**

<b>DATE</b>	
<b>AGE</b>	
<b>NAME</b>	
<b>ADDRESS</b>	
<b>CITY, STATE, ZIP</b>	
<b>TELEPHONE</b>	
<b>EMAIL</b>	
<b>SCHOOL</b>	
<b>TYPE OF ACT</b>	
<b>NAME OF ACT</b>	
<b>Name(s) of participants</b>	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.**