

# CLOVERBUD Speaking/ Demonstration/Varied Talent Registration Form

Amount of time allotted for your performance

**PLEASE CIRCLE ONE**

5 minutes 10 minutes 15 minutes

**Club Name:** \_\_\_\_\_

**Performance Type:** **Circle One**

Demonstration      Dynamic Duo      Interpretive Reading

Story Telling      Speech      Varied Talent

**Performance Title:** \_\_\_\_\_

**Performer(s):**

<b>Name</b>	<b>Address</b>	<b>City</b>	<b>Phone</b>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please return completed form to:  
Extension – Clark County Office  
Performing Arts Festival Registration  
517 Court Street, Room 104 Neillsville, WI 54456  
Or email a copy to:  
[ClarkCounty4H@co.clark.wi.us](mailto:ClarkCounty4H@co.clark.wi.us)

**Registrations due 2 weeks before event**