

4-H Varied Talent Registration Form

Amount of time allotted for your performance

PLEASE CIRCLE ONE

5 minutes 10 minutes 15 minutes

Club Name: _____

Performance Title: _____

Performer(s):

Name	Address	City	Phone
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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

Registrations due 2 weeks before event