

LEHIGH VALLEY IDOL MEMBERSHIP APPLICATION

PARTICIPANT INFORMATION

Name:

Email:

Cell Number:

Home Phone:

Current address:

City:

State:

ZIP Code:

Birthdate:

TELL US ABOUT YOURSELF

Please take a moment to tell us about your interests, accomplishments, dreams and motivations. Help us get to know you.

EMERGENCY CONTACT

Name of a Guardian:

Address:

Home phone and cell:

City:

State:

ZIP Code:

Relationship:

Email:

SIGNATURES

Signature of applicant:

Date:

Signature of Guardian:

Date:

Membership includes consideration for participation in all showcase opportunities offered in 2008, insurance coverage related to all Lehigh Valley Idol events and access to the private Idol message board. Competition entry fees and course offerings are not included in your registration fee.

Please submit:

- A 3 minute recording of you showcasing your talent on DVD, VHS or CD (if a CD recording is used please also submit a photograph of yourself)
- **\$35** non-refundable registration fee
- This completed form to:

Lehigh Valley Idol
P.O. Box 4015
Bethlehem, PA 18018

Upon receipt of your membership information a member of the ***Lehigh Valley Idol*** coaching team will contact you.

Thank you for your interest in our programs!