



A Forum For Nature's Spiritual Expression in:
Voice, Instrument, Dance, Drama, Comedy, Couture Etc.

REGISTRATION FORM

Must be completed and submitted by Legal Parent/Guardian (Ages 11-17).
 Print clearly and send along with a recording of your act to address at the bottom.

Parent/Guardians Full Name (First, Middle Initial, and Last)

Performance Category _____

Child/Children (s) Ages and Birth Dates

Name _____

Name _____

Age _____ Month _____ Year _____

Age _____ Month _____ Year _____

Name _____

Name _____

Age _____ Month _____ Year _____

Age _____ Month _____ Year _____

**MAILING ADDRESS (Must be Street Address). Post Office BOX (PO BOX) is Not Accepted:
 Address Must Match Parent's Current Utility Bill, Voter Registration or GA State ID**

Address: _____ Apt/Suite/Unit: _____

City, State: _____ Zip Code: _____

Parent/Guardian Weekday/Mobile Phone #: (_____) _____

Parent/Guardian Current Email Address: _____

Name of School: _____

Name of School: _____

School County: _____

School County: _____

Name of School: _____

Name of School: _____

School County: _____

School County: _____

Yes, I would like to take part in this grass root Spread The Word campaign advocating support of Thee YOUTH GOSPEL STAGE

Address: P.O. Box 42015, Atlanta, GA 30311 Tel: 404.753.2798