



# STARS OF TOMORROW

## 2017 Application

For your application to be accepted, it must be legible and completed IN FULL; illegible or incomplete applications will not be accepted. All correspondence regarding the event will be sent via e-mail to the addresses provided below.

Consent forms and parent signatures will be collected during auditions.

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Name	Age	Grade	School
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Address	City	Zip	Phone
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Main Contact E-mail Address	Kind of talent you will present
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Group acts will be placed in the age category of the oldest member. Each member of the group must submit a separate consent form that will be sent upon acceptance into the show.

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Group Member	Age	Grade	School	E-mail Address
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• **Return your application:**

**Mail:** Fort Collins Kiwanis Club, PO BOX 272885  
Fort Collins, CO 80527

**Email:** [Stars@FortCollinsKiwanisClub.org](mailto:Stars@FortCollinsKiwanisClub.org)

• **Questions? Doug Braden Stars Chairman - 970.689.0877**

