**BELIEVE YOU CAN**

**OCTOBER 16, 2021**

**TALENT INFORMATION SHEET**

|  |  |
| --- | --- |
| **me: Please use name you will perform under** |  |
| **Phone:**  |  |
| **Email:**  |  |
| **Social Media:**  |  |
| **NFB Chapter (please note this is not required to participate)** |  |
| **Are you blind or visually impaired? Please respond yes or no** |  |
| **How would you categorize your act? Please type an X beside the appropriate category**Remember there is a 5-minute time limit for all acts!ActingComedyDanceMusicalSingingSpoken WordOther: |  |
| **Please provide a description of your act. What will you be performing?** |  |

|  |  |
| --- | --- |
| **How would you like to be introduced?****Hosts will provide brief introductions of each act. What would you like people to know about you? For example have you performed before and where. Is this your first time performing?**  |  |

**Return this completed form to Lisa Bryant** **lmarcelbryant@gmail.com**

**Thank you for your participation!**