



WISCONSIN  
ASSOCIATION OF FFA

# STATE TALENT APPLICATION

*The Wisconsin Association of FFA provides FFA members with an opportunity to highlight their talents. Members must apply to compete in the Annual Talent Competition held at the State FFA Convention. All students that apply will compete on Tuesday of the State FFA Convention at **8:30 a.m.** Talent performances will be ranked gold, silver and bronze. Nominations will be made for national talent competition along with selecting performances for various convention events including main stage performances. Participants are required to bring along any special equipment required other than a sound system or piano. **Please fill out this form electronically, print, and sign.***

Name: \_\_\_\_\_ Membership Number: \_\_\_\_\_

Chapter Name: \_\_\_\_\_ School Phone #: \_\_\_\_\_

School Address: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Email Address (where you can be reached): \_\_\_\_\_

## PERFORMANCE INFORMATION

\_\_\_\_\_ Solo Performance

\_\_\_\_\_ Two or More Performers

### GENRE OF TALENT:

\_\_\_\_\_ Instrumental (includes piano)

\_\_\_\_\_ Vocal

\_\_\_\_\_ Dance (includes but not limited too; Hip Hop, Disco, Interpretive Dance, Rhythmic Art, etc.)

\_\_\_\_\_ Monologue (includes but not limited too; improvisation, comedy, interpretive reading, magic, pantomime, etc.)

**PERFORMANCE INFORMATION:****Title of Performance:** \_\_\_\_\_**Genre of Talent** (Marked on front page): \_\_\_\_\_**Musical Accompaniment** (if needed): \_\_\_\_\_**NON-MUSICAL TALENT ONLY:**

Describe Talent: \_\_\_\_\_

Type of equipment or set-up needed: \_\_\_\_\_

Other information needed to know about performance: \_\_\_\_\_

**TWO OR MORE PERFORMERS INFORMATION:**

*If two or more individuals are in this performance, please list their name(s) and chapter(s). Please only submit one form for two or more people in a performance. If additional names please include on an additional document*

1. Name: \_\_\_\_\_ Membership #: \_\_\_\_\_

Chapter : \_\_\_\_\_

2. Name: \_\_\_\_\_ Membership #: \_\_\_\_\_

Chapter : \_\_\_\_\_

3. Name: \_\_\_\_\_ Membership #: \_\_\_\_\_

Chapter : \_\_\_\_\_

4. Name: \_\_\_\_\_ Membership #: \_\_\_\_\_

Chapter : \_\_\_\_\_

We believe that the individual(s) listed above from the identified FFA Chapter(s) would be excellent talent representative to the State FFA Convention. As talent participants, I (we) realize that our talent will be used to enhance the State FFA Convention. I (we) agree to represent the FFA according to the FFA Code of Conduct and if selected I (we) will perform at events assigned.

**Applicant's Signature:** \_\_\_\_\_**Date:** \_\_\_\_\_

If participant is under the age of 18 parent or guardian must sign.

**Parent/Guardian Signature:** \_\_\_\_\_**Date:** \_\_\_\_\_**Chapter Advisor's Signature:** \_\_\_\_\_**Date:** \_\_\_\_\_**Return Entry Form to:** Wisconsin FFA Center, P.O. Box 110, Spencer, WI 54208

OR via email to Wisconsin FFA Center Staff by due date.