

The Daymar Foundation
Scholarship Showcase

REGISTRATION FORM

Name: _____

Address: _____

High School You Attend: _____

_____ High School Senior _____ High School Junior

Age: _____ Phone: _____ Email: _____

Please check the line below that most appropriately describes the talent you wish to showcase:

Talent: _____ Sing _____ Dance _____ Play Musical Instrument

What kind of Musical Instrument: _____

Other Talent: *Please Describe* _____

Tryout Date You Will Attend: *Please check* _____ March 18th 5pm-8pm _____ March 20th 8am-2pm

Please have a high school administrator complete the form below:

I certify the student listed above is a High School Junior or Senior at the listed school.

Print Name

Print Title

Signature

Date