

# Virtual Lip Sync Battle

All Entries must be Received By  
MAY 15th, 2020



## CONTESTANT FORM

- ♪ All acts must be no longer than **4 Minutes**.
- ♪ A variety of acts are encouraged - costumes, playing a musical instrument, and dancing.
- ♪ Acts may be Solo, Duos, or Team performances.
- ♪ All songs and performances must be rated PG.
- ♪ Appropriate attire must be worn during the entire performance.
- ♪ Each Contestant is responsible for their own music, choreography, costumes, props.
- ♪ **All decisions made will be based on the number of votes received and will be Final.**
- ♪ If a tie were to occur, a final round using peoples choice votes would determine the winner.
- ♪ All members of your team must be listed on the form.
- ♪ By participating, all participants agree to being photographed or video's shared for AFO marketing purposes.
- ♪ All Contestants are responsible for submitting their video on time.

**Entry Fees are as follows:** Contestant-ALF Free \$5      Contestant-Community Partners- \$5  
Contestant-General \$5      Contestant-Kids \$5

**ALL VOTES ARE \$1**

#1 First & Last Name : \_\_\_\_\_ Phone #: \_\_\_\_\_

#2 First & Last Name : \_\_\_\_\_ Phone #: \_\_\_\_\_

#3 First & Last Name : \_\_\_\_\_ Phone #: \_\_\_\_\_

#4 First & Last Name : \_\_\_\_\_ Phone #: \_\_\_\_\_

#5 First & Last Name : \_\_\_\_\_ Phone #: \_\_\_\_\_

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#9 First & Last Name : \_\_\_\_\_ Phone #: \_\_\_\_\_

#10 First & Last Name : \_\_\_\_\_ Phone #: \_\_\_\_\_

Make Checks Payable & Mail To:  
Alzheimer's Family Organization  
461 Mariner Blvd.  
Spring Hill, FL 34609



Pay Online: [AlzheimersFamily.org/LipSyncBattle](https://AlzheimersFamily.org/LipSyncBattle)  
By Phone: 352-616-0170  
Or Fax Form: 352-616-0174