### General Rules & Guidelines

- 1. Must be aged 13-18 years old by the time of the Contest.
- 2. Must follow all performance rules and regulations.
- 3. Do not apply unless you can confirm your attendance for sure. Should there be an emergency, give at least a **one day advance notice** to the coordinator(s) under the circumstance that you have to back out.
- 4. ONE application per applicant\*
  - \*i.e. If already applying for a solo performance, applicant cannot apply for a second performance with a group or an alternate routine.
- 5. If your performance requires a **playback track**, please indicate the specific name, artist, and usage of your track on the registration form. You may also send us a link or file of the track via the email of the head coordinator.
- 6. In the **equipment list** of your application, please be specific. Indicate all equipment you will be using, including the equipment you are providing yourself. You will then receive email correspondence to confirm the correct file.
- 7. Contestants will have a **mandatory rehearsal**, if the contestant cannot attend the rehearsal, contact Marpole-Oakridge Community Center beforehand to rearrange a time for the rehearsal.
- 8. Contestants are free to purchase raffle tickets if they wish to do so.
- 9. If there are any other specific requirements, please state them on the application form or contact us via email or phone in advance.

## How to Apply

- 1. Thoroughly read through all application information.
- 2. Hand in a completed application package to the Community Youth Worker located in the Youth Room at the Marpole-Oakridge Community Centre (enter main entrance, turn left down the hall, last door to the left beside the bulletin board). Visit www.marpoleoakridge.org to see Youth Room hours.
- 3. If the Youth Room is closed, email us at <a href="mailto:anntuaneth.figueroa@vancouver.ca">anntuaneth.figueroa@vancouver.ca</a> for a reservation (only if you are one hundred percent certain you are going to register). This does not mean that you no longer need to hand in the forms; you will still be required to fill out and submit the completed package by the required deadline.
- 4. Applications are first come first serve, maximum of 20 performance slots are available.
- 5. Upon receiving your application, the coordinator(s) will send a confirmation email regarding your time slot and rehearsal dates.

# **Deadlines & Important Dates**

Thurs. April 13<sup>th</sup>, 2017 Registration deadline.

Mon. April 24<sup>th</sup>, 2017 4:00 pm – 7:00 pm

Rehearsal and information date. All contestants <u>MUST ATTEND</u> to receive information on prizes, performance line-up, dress code, etc., and to test equipment and work out any issues.

Fri. April 28<sup>th</sup>, 2017 5:00 pm – 8:00 pm MOskillz Talent Show

Contestants will be notified in advance of any changes or additional dates.

## Rules & Regulations

- 1. Performance length must not exceed 5 minutes. Exceptions are possible depending on the talent (e.g. Stand-up comedy), contact us for more information.
- 2. No violence or profanity (lyrics, wardrobe, dance moves, actions, etc.)
- 3. No weapons, fireworks, smoke, batons, or anything else that may cause damage to yourself or others. Marpole-Oakridge Community Centre will not be held responsible for any injuries inflicted.
- 4. No "Air" instruments unless you can prove yours to be a serious talent (email us a video clip of yourself) e.g. air guitar, air piano, etc.
- 5. Information session/rehearsal attendance is mandatory unless with a valid excuse. Please contact us at least week beforehand for rearrangement of date.
- 6. For live musical performances: No lip-syncing or hand-syncing; see rule 4.
- 7. If singing, unregistered instrumental accompaniment is permitted, but will not be judged.
- 8. If performing an original, self-choreographed routine (e.g. Dance, song, etc.), please indicate in the talent section of the application form with an "(original)" next to your talent.
- 9. Contestants will receive free refreshments of drinks and snacks with accordance to the dietary restrictions. Additional food items will be available for purchase at the Snack Bar.
- 10. A room will be provided for contestants to store their belongings on the day of the contest. Please clearly label all your items; the Centre will not be held responsible for any items lost.
- 11. Contestants who cannot attend the performance and rehearsals, or no longer wish to compete, must notify the coordinator(s) no later than April 21th, 2017 so that they can rearrange the line-up and notify the other contestants. It is preferred that you do not apply if you know you have a prior obligation.
- 12. Contestants will be judged by a panel of 3 judges on the day of the event. First place will receive a prize worth \$150.00.
- 13. Keep all the Rules, Important Dates, and Contact Information as you will need them.

14. Have fun!

### **Contact Information**

Anna Lian, Shirley Wei, Joshua Li (Head Coordinators)

Email: <a href="mailto:moskilztalent@gmail.com">moskilztalent@gmail.com</a>
Website: <a href="mailto:moskizzle.weebly.com">moskilztalent@gmail.com</a>

Anntuaneth Figueroa (Community Youth Worker)

Email: anntuaneth.figueroa@vancouver.ca

Phone: (604) 718-5879

For questions or concerns, please contact us via email. For further information on the MOskillz Youth Talent show, please visit moskizzle.weebly.com



# **Applicant Information**

### Marpole-Oakridge Community Centre

990 West 59th Avenue, Vancouver, BC, V6P 1X9 Phone: 604-257-8180 Fax: 604-257-8179

www.marpoleoakridge.org

Name:			Birthdate:	$\frac{1}{D} \frac{1}{D} \frac{1}{M} \frac{1}{M} \frac{1}{M} \frac{1}{Y} \frac{1}{Y} \frac{1}{Y} \frac{1}{Y} \frac{1}{Y}$		
Address:						
*	Street Name	City	Province	Postal Code		
School:						
Phone #:	(cell)		(monts)			
Email:	(cen)		(work)			
Talent you will be performing:						
ruient you was be performing.						
<b>Dietary Restrictions/Allergies:</b>						
D 11 1E C 1	, T. C					
Parental and Emergency Cont	act Information					
D 4/G P N				1		
Parent/Guardian Name:						
Phone #:						
Email:						
<b>Emergency Contact #1</b>						
Name:						
Phone #:						
<b>Emergency Contact #2 (optional)</b>						
Name:						
Phone #:						
Equipment Information (Include *If you are obtaining the files yourself, pl		killztalont@om	ail com			
if you are obtaining the fues yoursely, pr			uu.com			
Request for the Centre to provide	Able to self-provide,		Self	-provided		
	prefer from Cei	itre				
Additional Equipment Information (set-up, instruction for handling, instrument special						
needs, etc.)						
Please note that your instrument will be carefully handled by the hosts to keep the event more organized.						

# skillz 2017 Youth Talent Show Solo Application Package

(Parent/Guardian name, please print)	_, give permission for my child,z  Marpole-Oakridge Talent Show.	(Contestant name, please print)			
(Parent/Guardian signature)	Date:				
I,, swear to abide by the said rules and deadlines of the MOskillz Marpole-Oakridge Talent Show, and attend all required rehearsals and performances.					
(Contestant signature)	Date:				

Please complete the media release forms appropriate to each contestant's age range.



# **Marpole-Oakridge Community Centre**

990 West 59th Avenue, Vancouver, B.C., V6P 1X9 Phone 604-257-8180 Fax 604-257-8179

# Photograph/Media Release Form

As a legal guardian or parent of the youth indicated below, I grant Marpole-Oakridge Community Centre, Vancouver Parks Board and the City of Vancouver the authority to record and/or photograph my son and/or daughter for instructional, promotional and educational purposes. Photos of participants are often taken in order to document and promote our programs and services. These photos may be used in program brochures, photo displays, and on our Park board website. We will not release any names or give any other information out regarding the identification of individuals in the photos without their prior consent. This consent form is to obtain permission to use your son/daughter's image ONLY.

I understand that images attained will not be reproduced in whole or part for any purposes other than stated above. This form must be completed and returned to Marpole-Oakridge Community Centre prior to the program.

Name of Child/Youth:		Age:		
	(First Name)	(Last Name)	-	
Name of Parent:				
	(First Name)	(La	ast Name)	
Phone number:	E	-Mail:		
<ul> <li>TO BE POSTED</li> </ul>		M PHOTO BOARD	OF DIRECTORS RATE THE SUCCESS OF	
Please check one: Yes (If selected yes, please	s □ No □ efill out the following st	tatement)		
son/daughter,	sion for Marpole-Oakridg , tak Il and educational purpos	en during the program	to use photographs of my m to be used for	
Signature of Parent/Gu	ardian:		Date:	