The Community Foundation of Carroll County, Inc.

announces the 4th annual

In Search of

Carroll's Idol

Experience **Great Prizes** **memories**

Friendships **Publicity** **Recognition**

Carroll's Idol 2011 Registration Requirements

- Competition is open to Carroll County Residents ONLY. (If residency cannot be verified, contestant will be disqualified)
- Contestant must be 16 years of age or older to be eligible to compete.
  (Contestants under the age of 18 MUST have a signed parental/guardian permissions(s))
- There is a $25.00, non-refundable, registration fee for all contestants, soloists and duet individuals.
  This fee must be included with the registration form in order for your Live Audition to be scheduled.
- Registrations should be dropped off or postmarked by Friday, June 10, 2011.
  Incomplete registration requirements will result in immediate disqualification.

Duet Pair Qualifications

- 2 (two) vocal competitors that must meet above registration requirements
- Qualified pairs: Male/Female, Male/Male, or Female/Female
- Duet competition is open to all previous Carroll's Idol contestants and winners, however you many not register for both divisions in the same year (2011).

Live Audition Dates

Westminster VFW Post #467 519 Poole Road Westminster, MD 21157 (5:00pm – 9:00pm)

1. Monday, June 27, 2011 **2.** Wednesday, June 29, 2011

SEMI FINALS – Thursday, July 21, 2011 7:00pm at the Westminster VFW Post #467

GRAND FINALE – Friday, August 19, 2011 in Grace Hall at Grace Lutheran Church in Westminster

Please make check or money order payable to: The Community Foundation of Carroll County, Inc.,
255 Clifton Blvd, Ste 313 Westminster, MD 21157 Attn: Carroll's Idol Registration
or register online at www.carrollsidol.com

Signing and submitting this registration is confirmation that the contestant meets the above requirements for the 2011 Carroll's Idol Competition.
Registration deadline: June 10, 2011 **Please PRINT Clearly**

Contestant _____ Parent/Guardian _____

Address _____City_____ State_____ Zip _____

Birth Date _____ Home Phone _____ Cell Phone _____

Email Address _____

____Duet Partner Name (if applicable) _____

Live-Audition Date Preferences ____ ____ (1, 2 or 2, 1) (Live-Audition scheduling will be on a first come, first served basis)

By initialing here, I will present verification that I am a Carroll County Resident at the Live Audition. _____

X_____ X _____

Contestant Signature Parent or Guardian Signature
If contestant is UNDER 18 years of age

Proceeds from this event will go to support the philanthropic efforts of The Community Foundation of Carroll County, Inc., (a 501 (c) (3) non-profit organization) so they may continue to offer grants, scholarships, and reach out, through the various funds they maintain, and make a difference in the lives of our County's most vulnerable.