

CREATIVE ARTS FOUNDATION OF BREVARD PRESENTS

# BREVARD'S GOT MUSIC TALENT

**\$1,500 First Prize    \$750 Second Prize    \$400 Third Prize**  
**& Opportunity to perform with the Space Coast Symphony Orchestra in 2020**

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## **AUDITION TIMES & LOCATION:**

Thursday, January 17, 6 - 8pm      Friday, January 18, 6 - 8pm      Saturday, January 19, 10am - 5pm

**The Unitarian Fellowship Hall at Pineda, 3115 Friendship Place, Rockledge, FL 32955**

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## **REQUIREMENTS:**

1. Be between the ages of ten (10) and nineteen (19) at the time of the competition, March 31, 2019.
2. Reside in Brevard, Indian River, Orange, or Volusia counties.
3. Sing or play a musical instrument. Accompaniment is permitted for voice and instruments, other than piano. No ensembles (duos, trios, quartets, etc.)
4. Submit application form with fee of \$15 to:

Creative Arts Foundation of Brevard  
P.O. Box 410324  
Melbourne, FL, 32941

5. Must be able to audition at one of the times listed above. If unable, contact us at (321) 254-3398 or email at [MLF283@aol.com](mailto:MLF283@aol.com).
6. Finalists must perform in the *Brevard's Got Music Talent* finals on Sunday, March 31, 2019 at 3:30pm located at Riverside Presbyterian Church in Cocoa Beach.

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***\*Once your application and fee are received, you will be contacted to schedule your audition time.***

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# 2019 BREVARD'S GOT MUSIC TALENT AUDITION APPLICATION FORM

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Applicant Name \_\_\_\_\_ D.O.B. \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, & Zip Code \_\_\_\_\_

Phone Number \_\_\_\_\_ Other Phone # \_\_\_\_\_

E-mail (print clearly) \_\_\_\_\_

Instrument: (piano, violin, voice, etc.) \_\_\_\_\_

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**Music background:** Please attach a brief biography.  
(Years in music, background, teacher(s), school(s), future ambitions, etc.)

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## **APPLICANT OVER THE AGE OF 18:**

If chosen as a finalist, I consent for The Creative Arts Foundation of Brevard, Inc. to electronically record the events and to use any recordings of me for any future CAFOB promotional or fund-raising purposes.

I would also like opportunities to perform in other events. Yes \_\_\_\_\_ No \_\_\_\_\_

Applicant signature (if over 18): \_\_\_\_\_ Date: \_\_\_\_\_

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## **APPLICANT UNDER THE AGE OF 18:**

As Parent/Guardian, I consent for my child to participate in the "Brevard's Got Music Talent" competition. If my child is chosen as a finalist in the competition on April 7, 2019, I (name) \_\_\_\_\_ hereby consent for The Creative Arts Foundation of Brevard Inc. to electronically record the event and to use any such recordings for future promotional or fund-raising purposes.

I would also like opportunities for my child to perform in other events. Yes \_\_\_\_\_ No \_\_\_\_\_

Guardian Signature: \_\_\_\_\_ DATE: \_\_\_\_\_

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**Send completed form and check for \$15 audition fee to:**  
CAFOB, P.O. Box 410324, Melbourne, FL, 32941