



PRE-REGISTRATION FORM

Mail or fax in this form if you would like
to be called about the next audition.

Name of Act _____

Type of Performance: Dance Step Rap Vocal Reggae Other _____

Will You Be Bringing A Group To Perform? Yes ____ No ____

Have you performed in the All Stars before? Yes ____ No ____

Of people in group _____

Name: _____ Age _____

Parent/Guardian _____

Address: _____

City _____ State _____ Zip _____

Day Telephone#: _____

Evening Telephone#: _____

People in Your Group:

2) Name: _____ Age _____

Telephone#: _____

3) Name: _____ Age _____

Telephone#: _____

4) Name: _____ Age _____

Telephone#: _____

Date: _____

Mail to: All Stars Project, Inc., 543 West 42nd Street, New York, NY 10036

ATTN: Jermin Pieters

Fax to: #212-941-8340