



PRE-REGISTRATION FORM

Name of Act: _____ Date: _____

Type of Performance: Dance Vocal Rap Step Poetry Other _____

Type of Act: Group Solo If group, number of people in group: _____

Name: _____ Age: _____

Address: _____

City: _____ State: _____ Zip: _____

Home #: _____ Cell #: _____

Parent/Guardian: _____ Phone #: _____

People in Your Group: (Optional)

2) Name: _____ Age: _____ Telephone: _____

Address: _____

3) Name: _____ Age: _____ Telephone: _____

Address: _____

4) Name: _____ Age: _____ Telephone: _____

Address: _____

5) Name: _____ Age: _____ Telephone: _____

Address: _____

Mail to: All Stars Project
Attn: Christina Devlin
744 Broad Street, Suite 524
Newark, NJ 07102

Fax to: Christina Devlin at 973-622-5554

For information, contact Christina Devlin at cdevlin@allstars.org or 973-622-5506, Ext. 302