



Pre-Registration Form

Name of Act: _____ Date _____

Type of Performance: [] Dance [] Step [] Rap [] Vocal [] Spoken Word [] Other _____

Will you be bringing a group to perform? [] Yes [] No

Number of people in the group: _____

Have you ever been in the All Stars before? [] Yes [] No

Your Name: _____ Age: _____

Parent/Guardian: _____ Cell/Other Phone: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Day Phone: _____ Eve Phone: _____

Cell Phone: _____ Pager/Other: _____

People In Your Group:

2) Name: _____ Age: _____

Eve Phone: _____ Cell/Other Phone: _____

3) Name: _____ Age: _____

Eve Phone: _____ Cell/Other Phone: _____

4) Name: _____ Age: _____

Eve Phone: _____ Cell/Other Phone: _____

5) Name: _____ Age: _____

Eve Phone: _____ Cell/Other Phone: _____

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