AREA 4-H PERFORMING ARTS CONTEST REPORT

Return to: 4-H PERFORMING ARTS
DEPT OF YOUTH DEVELOPMENT & AG EDUCATION
615 W STATE STREET
WEST LAFAYETTE IN 47907-2053

(If this form is not legible, fill in the blanks)

To be completed by Area Performing Arts Chairman.

Note: Each area may send 2 acts to Round-Up.
The alternate act for Round-Up and the other acts listed will be invited to perform at State Fair.

Area ______
Area Chairman _____________________________
Phone _____________________________
Date of Contest _____________________________

Summary of Area Contest
___ Number of group acts
___ Number of Curtain (musical) acts
___ Number of Curtain (non-musical) acts
☐ Total Number of Performers

First Choice Round-Up Act:
Name of act _____________________________________________  County _______________________
Name of 4-H Club _______________________________________________________________________
Person in charge of act _____________________________________  Phone _______________________
Address ____________________________________________________________
(Street, Rural Route)
________________________________________
(Town)                                                  (State)                                       (ZIP code)
Number of performers ___________________    Email:____________________________________
Brief description of act:  _____________________________________________________________
_________________________________________________________________________________

Second Choice Round-Up Act:
Name of act _____________________________________________  County _______________________
Name of 4-H Club _______________________________________________________________________
Person in charge of act _____________________________________  Phone _______________________
Address ____________________________________________________________
(Street, Rural Route)
________________________________________
(Town)                                                  (State)                                       (ZIP code)
Number of performers ___________________    Email:____________________________________
Brief description of act:  _____________________________________________________________
_________________________________________________________________________________

Alternate Choice Round-Up Act:
Name of act _____________________________________________  County _______________________
Name of 4-H Club _______________________________________________________________________
Person in charge of act _____________________________________  Phone _______________________
Address ____________________________________________________________
(Street, Rural Route)
________________________________________
(Town)                                                  (State)                                       (ZIP code)
Number of performers ___________________    Email:____________________________________
Brief description of act:  _____________________________________________________________
_________________________________________________________________________________
The following acts were selected to perform at State Fair:

**Curtain Act (Musical)**
Name of act _____________________________________________  County _______________________
Name of 4-H Club _____________________________________________  
Person in charge of act _____________________________________  Phone _______________________
Address ____________________________________________________________
                        (Street, Rural Route)
                        ____________________________________________________________
                        (Town)                                                  (State)                                       (ZIP code)
Number of performers ___________________  Email: ________________________________

Brief description of act _____________________________________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________

**Curtain Act (Non-Musical)**
Name of act _____________________________________________  County _______________________
Name of 4-H Club _____________________________________________  
Person in charge of act _____________________________________  Phone _______________________
Address ____________________________________________________________
                        (Street, Rural Route)
                        ____________________________________________________________
                        (Town)                                                  (State)                                       (ZIP code)
Number of performers ___________________  Email: ________________________________

Brief description of act _____________________________________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________

**Group Act**
Name of act _____________________________________________  County _______________________
Name of 4-H Club _____________________________________________  
Person in charge of act _____________________________________  Phone _______________________
Address ____________________________________________________________
                        (Street, Rural Route)
                        ____________________________________________________________
                        (Town)                                                  (State)                                       (ZIP code)
Number of performers ___________________  Email: ________________________________

Brief description of act _____________________________________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________
The following acts were selected to perform at State Fair:

**Curtain Act (Musical)**

Name of act ___________________________ County __________________
Name of 4-H Club ___________________________
Person in charge of act __________________ Phone ___________________
Address __________________________________________
(Street, Rural Route)
__________________________________________
(Town) (State) (ZIP code)
Number of performers ___________________ Email: ___________________________
Brief description of act ________________________________________________
_____________________________________________________________________
_____________________________________________________________________

**Curtain Act (Non-Musical)**

Name of act ___________________________ County __________________
Name of 4-H Club ___________________________
Person in charge of act __________________ Phone ___________________
Address __________________________________________
(Street, Rural Route)
__________________________________________
(Town) (State) (ZIP code)
Number of performers ___________________ Email: ___________________________
Brief description of act ________________________________________________
_____________________________________________________________________
_____________________________________________________________________

**Group Act**

Name of act ___________________________ County __________________
Name of 4-H Club ___________________________
Person in charge of act __________________ Phone ___________________
Address __________________________________________
(Street, Rural Route)
__________________________________________
(Town) (State) (ZIP code)
Number of performers ___________________ Email: ___________________________
Brief description of act ________________________________________________
_____________________________________________________________________
_____________________________________________________________________

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