



Explosion IDOL

APPLICATION

Performer(s) [Please list all singers and name of group if applicable] -

Contact -

Last Name _____ First _____

Address _____

City _____ State _____ Zip Code _____

Phone # _____

Email _____

For auditions please practice the Star Spangle Banner and bring a CD with an **Accompaniment** Track to sing one song of your choice in front of the judges.

Fax or Mail as 50 spots maximum for competition.