



# LIP SYNC BATTLE REGISTRATION FORM

RETURN COMPLETED FORMS TO [MARKETING@HURLEYSMEDIA.KY](mailto:MARKETING@HURLEYSMEDIA.KY)

GROUP  SOLO

TEAM MEMBER NAMES (MAX FIVE TEAM MEMBERS):

1

2

3

4

5

SONG SELECTION:

CONTACT PHONE

CONTACT EMAIL:

IF YOU'RE REPRESENTING AN ATHLETIC TEAM OR CLUB, PLEASE INDICATE HERE:

Registration forms will not be accepted without a signature which is verification of your acknowledgement and participation in this event.

SIGNATURE:

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