

IDENTIFICATION FORM

FOR OWN CHOICE SELECTIONS

(A copy of this form MUST be attached to all Own Choice Selections)



SESSION NUMBER: _____

DATE OF PERFORMANCE: ____/____/____

VENUE: _____

SECTION NUMBER: _____

COMPETITOR NUMBER: _____

COMPETITOR NAME: _____

TITLE OF PERFORMANCE: _____

(Song / Music / Poem / etc) _____



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