



2026 STARS OF TOMORROW AUDITION APPLICATION

- Please complete ONE application for each act.
- Be sure to review for spelling errors and accuracy PRIOR to submitting to the Stars of Tomorrow committee.
- Information provided will be used in the program.
- There are now four categories: Elementary, middle school, junior high, and high school

RULES

- Applications must be submitted by 6:00 p.m. **on Thursday, January 15, 2026**. Walk-ins are NOT allowed. Please email completed applications to IslandBreezeW@aol.com
- Acts may consist of one to five amateur performers. No more than five people, including accompanists, may be on the stage.
- The appropriate division for a group act will be determined by the grade (or grade equivalent for a home-schooled child) of the oldest member of the group.
- Each act is limited to a duration of five minutes. Acts that exceed the time allotment will receive a 10-point deduction for every 15-second increment over the allotted time. Time increments will be rounded up to the nearest 15 seconds (for example, an act that exceeds 22 seconds will receive a 20-point deduction).
- All background sound, other than that which is provided by an accompanist, shall be on **CD or MP3 only. WE CANNOT USE YOUTUBE VIDEOS.** Vocal soloists using pre-recorded music must ensure that vocalists, other than background singers, are not on the recording. It is recommended that you have two copies of the performance music in case there are technical difficulties. **If possible, we suggest emailing your music with your application in addition to bringing it to auditions.**
- Stars of Tomorrow is a family-friendly production. As such, it is expected that music/lyrics, costumes, and dance moves should be age-appropriate. Performers may receive a deduction in points or be disqualified if the judges deem any of the above are not appropriate.
- Good sportsmanship is expected and required. Bullying of fellow contestants and misconduct by performers will not be tolerated and will be cause for immediate disqualification from the show. This includes but is not limited to foul language, name-calling, crass/inappropriate conversation, and physical violence.
- The following will be made available to contestants: piano, piano bench, CD player, two lavalier microphones, and five cordless or stand-mounted microphones. Contestants are expected to bring any other items necessary for their performance.
- The Stars of Tomorrow committee will attempt to release the names of those selected as quickly as possible after selections are made. The show director will email the names of the participants to all applicants. The participant list will also be posted on the Cheyenne Kiwanis page: www.facebook.com/cheyennekiwanis
- All participants will receive a participant award.
- Each act, placing first, second, and third place, will receive a trophy for that act.
- All decisions are final.

As indicated by my signature below, I agree to adhere to the rules as listed above. I also understand my photo will be taken and may be used for publicity purposes.

All performers must sign the RULES agreement.

Performer: _____

Performer: _____

Performer: _____

Performer: _____

Performer: _____

ACT INFORMATION FORM

Complete **ONE** Act Information Form for each act

If you are selected, this information will be used in the program for the show. Please double-check information for accuracy prior to submitting.

Type of act (check all that apply)

Dance – Type: _____

Vocal Performance

Instrumental performance – Instrument(s) played: _____

Comedy routine

Theater performance

Other – Describe: _____

Name of song (if applicable): _____

Artist/composer: _____

Props – please provide a detailed list of your props. Props that leave debris on the stage (i.e. hay bales, etc.) or otherwise present a hazard (fire baton/s) will not be allowed. All props are subject to approval by the event chair.

DATES TO REMEMBER:

APPLICATIONS

Applications must be sent by **6:00 pm on Thursday, January 15**. Walk-ins are NOT allowed. Please email completed applications, including the RULES Agreement, ACT INFORMATION, PERFORMER INFORMATION, and RELEASE to IslandBreezeW@aol.com

AUDITIONS

Tuesday, January 20, 5:30 pm at LCSD #1 Storey Gym Auditorium – Jr. High and High School Divisions

Wednesday, January 21, 5:30 pm at LCSD #1 Storey Gym Auditorium – Middle School and Elementary Division

NOTE: Contestants should come dressed **exactly** as they would if performing in the show.

REHEARSAL (TECH & DRESS)

Saturday, February 21, 8:30 am at LCCC Auditorium

We will begin with a tech rehearsal and follow it with a dress rehearsal.

PERFORMANCE

Sunday, February 22, 2:00 pm at LCCC Auditorium

Contestants are to arrive by 12:00 Noon; doors to the auditorium will open at 1:30 pm

PERFORMER INFORMATION FORM

Complete for EACH performer in the act.

PERFORMER 1

First Name: _____ Last Name: _____

Age as of show date (February 22): _____ Grade: _____ School: _____

Parents' names: _____
(as you would like it listed in the program)

Parent cell phone: _____ Participant cell phone: _____

Email address: _____

Provide the email address you would like us to use for correspondence regarding audition results and show information.

Provide a BIO that can be used in the script and program if selected. You may attach additional pages if necessary, but please limit your Bio to 300 words or less. The Stars of Tomorrow committee reserves the right to edit as needed.

You may want to include information about what/who inspires you, how long you have been performing, your biggest dreams, a fun fact about you.

PERFORMER INFORMATION FORM

Complete for EACH performer in the act.

PERFORMER 2

First Name: _____ Last Name: _____

Age as of show date (February 22): _____ Grade: _____ School: _____

Parents' names: _____

(as you would like them listed in the program)

Parent cell phone: _____ Participant cell phone: _____

Email address: _____

Provide the email address you would like us to use for correspondence regarding audition results and show information.

Provide a BIO that can be used in the script and program if selected. You may attach additional pages if necessary, but please limit your Bio to 300 words or less. The Stars of Tomorrow committee reserves the right to edit as needed.

You may want to include information about what/who inspires you, how long you have been performing, your biggest dreams, and a fun fact about you.

PERFORMER INFORMATION FORM

Complete for EACH performer in the act.

PERFORMER 3

First Name: _____ Last Name: _____

Age as of show date (February 22): _____ Grade: _____ School: _____

Parents' names: _____

(as you would like them listed in the program)

Parent cell phone: _____ Participant cell phone: _____

Email address: _____

Provide the email address you would like us to use for correspondence regarding audition results and show information.

Provide a BIO that can be used in the script and program if selected. You may attach additional pages if necessary, but please limit your Bio to 300 words or less. The Stars of Tomorrow committee reserves the right to edit as needed.

You may want to include information about what/who inspires you, how long you have been performing, your biggest dreams, and a fun fact about you.

PERFORMER INFORMATION FORM

Complete for EACH performer in the act.

PERFORMER 4

First Name: _____ Last Name: _____

Age as of show date (February 22): _____ Grade: _____ School: _____

Parents' names: _____

(as you would like them listed in the program)

Parent cell phone: _____ Participant cell phone: _____

Email address: _____

Provide the email address you would like us to use for correspondence regarding audition results and show information.

Provide a BIO that can be used in the script and program if selected. You may attach additional pages if necessary, but please limit your Bio to 300 words or less. The Stars of Tomorrow committee reserves the right to edit as needed.

You may want to include information about what/who inspires you, how long you have been performing, your biggest dreams, and a fun fact about you.

PERFORMER INFORMATION FORM

Complete for EACH performer in the act.

PERFORMER 5

First Name: _____ Last Name: _____

Age as of show date (February 22): _____ Grade: _____ School: _____

Parents' names: _____

(as you would like them listed in the program)

Parent cell phone: _____ Participant cell phone: _____

Email address: _____

Provide the email address you would like us to use for correspondence regarding audition results and show information.

Provide a BIO that can be used in the script and program if selected. You may attach additional pages if necessary, but please limit your Bio to 300 words or less. The Stars of Tomorrow committee reserves the right to edit as needed.

You may want to include information about what/who inspires you, how long you have been performing, your biggest dreams, and a fun fact about you.

RELEASE OF LIABILITY AND INDEMNIFICATION AGREEMENT

This Release and Indemnification Agreement is made both on behalf of _____,

("Participant") by _____, _____ parent or legal guardian as well as for myself.

Intending to be legally bound and in consideration of the opportunity to compete in the Stars of Tomorrow talent contest, I hereby release and discharge the Kiwanis Club of Cheyenne, together with its local, Division, District and International members, agents, employees and officers (collectively defined herein as "Kiwanis") from all claims, demands and/or causes of action, present and future, known and unknown, whether or directly or indirectly liable, arising out of or in any way resulting from my son's, my daughter's, or my ward's participation in Stars of Tomorrow. Specifically, but not exclusively, I understand and consent that my child's performance and participation will be video recorded and used for a variety of purposes including but not limited to judging of auditions for admission to the final competition; judging of the final competition; rebroadcast to the general public in lieu of or in addition to an in person performance in an auditorium and for which an admission fee payable solely to the Cheyenne Kiwanis Club may be charged.

This Release applies as well in its entirety to issues concerning COVID-19 or any virus. Participant, his or her family, and anyone assisting Participant in his or her performance agree to utilize such protective measures as may be recommended or required by the Laramie County Health Department, including but not limited to wearing of masks, hand washing, social distancing, and health history limitations. Copies of Health Department requirements will be posted at all venues utilized for auditions, rehearsals, and final performances. The Kiwanis Club agrees to abide by the same requirements. All parties agree that social distancing may not be possible in certain situations, such as microphone placement, staging, prop setup and take down ,and similar procedures necessary for the production of the show and that these situations represent necessary exceptions to Health Department requirements. Exceptions shall be minimized to the maximum extent possible.

I further undertake to indemnify Kiwanis from any and all liability, loss or damage Kiwanis may suffer as a result of claims, demands, costs or judgments against it on behalf of third parties arising from my child's participation in Stars of Tomorrow including, but not limited to, any necessary expenses, attorneys' fees, or costs incurred in defense against said claims or in the enforcement of this Agreement.

This Release and Indemnification Agreement shall be binding upon the heirs, successors and assigns of the undersigned.

DATED this _____ day of _____, 2026.

PARENT OR GUARDIAN OF PARTICIPANT 1

PARENT OR GUARDIAN OF PARTICIPANT 1

PARENT OR GUARDIAN OF PARTICIPANT 2

PARENT OR GUARDIAN OF PARTICIPANT 2

PARENT OR GUARDIAN OF PARTICIPANT 3

PARENT OR GUARDIAN OF PARTICIPANT 3

PARENT OR GUARDIAN OF PARTICIPANT 4

PARENT OR GUARDIAN OF PARTICIPANT 4

PARENT OR GUARDIAN OF PARTICIPANT 5

PARENT OR GUARDIAN OF PARTICIPANT 5

LARAMIE COUNTY SCHOOL DISTRICT NUMBER ONE
Cheyenne, Wyoming

AUTHORITY TO ENGAGE IN ATHLETIC ACTIVITIES

The undersigned hereby authorized _____ to engage in Stars of Tomorrow for the fiscal year 2026.
PARTICIPANT NAME

The undersigned certifies that an insurance policy number _____ with _____ (insurance carrier) is in force and will be maintained in full force during the aforesaid period of time, providing for payment of medical, dental, and hospital expenses for the aforesaid student which are occasioned by injury or are a result of accident, while such student is engaged in activities on Laramie County School District #1 Property.

In consideration of the District providing _____ the opportunity to compete in athletic activities on the Laramie County School District #1 Property, the undersigned for himself/herself and for
PARTICIPANT NAME

_____ hereby release Laramie County School District #1, its agents, and employees from all claims, demands, and liabilities, direct and indirect, which may result or accrue by reason of such athletic activities.
PARTICIPANT NAME

Dated _____

(Parent or Guardian)

In reference to Exhibit 81 in Board Policy.

This form must be completed for each participant.