



Application & Registration Form

1. Application Information

Student Name: _____ Age: _____

Applying for: **Singer/Songwriter Mentorship – June 29, 30, & July 1; 9:30am – 2:00pm**

Submit the [main] instrument and music genre you are pursuing:

Outline any experience you feel pertinent to this program: _____

Your application form must be submitted via email to dgodolphin@theskypac.com with a pasted video link to your 30-60 second original song performance cut. Videos will be reviewed for entry criteria and acceptance will be dependent upon growth and mentorship potential. Denied entry does not reflect any negativity towards the artist. Further growth may be needed in artistic direction and instrumentation before being accepted into this program.

By submitting this application for the Singer/Songwriter Mentorship I, _____ agree to our SKYPAC staff and instructors reviewing the submitted video solely for entry to the program. SKYPAC staff and instructors will not share your media with any other affiliate or entity without written permission.

Mentee spots are limited and will be confirmed by June 2nd, 2026.

Payment of \$200 will be due following confirmation and acceptance of the student enrollment.

2. Payment/Refund Information:

Enrollment fees can be paid by cash or check (payable to SKYPAC). These can be mailed to **Attn: SKYPAC/Dillon Godolphin, PO Box 748, Bowling Green, KY 42102**, OR dropped off in person at SKYPAC.

I, _____ understand that, after application acceptance, payment will be due and NO REFUNDS will be admitted after payment is completed.

(PLEASE TURN OVER)

3. Participant Information - GENERAL INFORMATION

Student Name: _____ Age: _____

School: _____ Rising grade: _____

(IF UNDER 18 YEARS OF AGE)

Parent/Guardian #1: _____

Email: _____

Address: _____

(Home/Work/Cell) Phone #1: _____

Parent/Guardian #2: _____

Email: _____

Address: _____

(Home/Work/Cell) Phone #1: _____

4. Emergency Contact Information

Name: _____ Relation: _____

Address: _____

(Home/Work/Cell) Phone #1: _____

Phone #2: _____

PARTICIPANT MEDICAL INFORMATION PLEASE INDICATE BELOW IF YOUR CHILD HAS ANY SPECIAL NEEDS OR REQUIREMENTS OF WHICH THE STAFF SHOULD BE AWARE: (ALLERGIES, MEDICATIONS, SPECIAL ASSISTANCE, ETC.):

HOW DID YOU HEAR ABOUT US? Check all that apply.

- WBKO/TV
- SAM FM/Radio
- Email
- SKYPAC Website
- A Friend Told Me About It
- Other: _____

(PLEASE TURN OVER)

Please list any dates you are not available to attend class: _____

Is the student participant expected to drive themselves to the venue? _____

(If applicable) *I understand that it is important to arrive and pick-up promptly; and that I will accompany my child in to SKYPAC* _____ (Parent Initial)

CONSENT and RELEASE Forms

I DO HEREBY GRANT PERMISSION FOR _____ (NAME OF CHILD) TO PARTICIPATE IN PROGRAMMING OF SOUTHERN KENTUCKY PERFORMING ARTS CORPORATION (SKYPAC). I UNDERSTAND AND AGREE THAT NEITHER SKYPAC, THE STAFF OF SKYPAC, NOR THE OWNERS OF THE PREMISES FOR EACH AND ALL PROGRAMS AND FUNCTIONS SHALL BE HELD RESPONSIBLE OR LIABLE IN ANY INJURY OR OCCURRENCE REGARDING MY CHILD. I HEREBY RELEASE, HOLD HARMLESS AND FOREVER DISCHARGE THE ENTITIES LISTED IN THE PREVIOUS SENTENCE AND THEIR AGENTS FROM ANY AND ALL LIABILITY FOR ANY PERSONAL OR MEDICAL INJURY, CLAIMS INCURRED OR OCCURRENCE INCURRED WHILE OR ARISING AS A RESULT OF ATTENDING OR PARTICIPATING.

Signature of Parent/Guardian: _____ Date: _____

IN CASE OF EMERGENCY, I GRANT MY PERMISSION FOR MY CHILD TO RECEIVE MEDICAL TREATMENT AS DEEMED APPROPRIATE BY THE STAFF OR AGENTS OF SKYPAC ACCORDING TO THEIR BEST JUDGEMENT DURING MY ABSENCE OR IF I AM UNABLE TO BE CONTACTED.

Signature of Parent/Guardian: _____ Date: _____

Photo Release Form

By signing below, I grant permission for SKYPAC to use photos from this program for any legal use, including but not limited to: publicity, copyright purposes, illustration, advertising, and web content.

Furthermore, I understand that no royalty, fee, or other compensation shall become payable to me by reason of such use.

(if under 18 yrs. old) Parent/Guardian Signature: _____

Parent/Guardian Name: _____

(if 18 yrs. or older) Participant Signature: _____

Participant's Name: _____

Phone Number: _____

Date: _____