Be CROWNED

MISS STAR of HOPE

Solo Performance in any Category

- ☐ Little Miss Star of Hope *8 & under*
- ☐ Junior Miss Star of Hope *9 - 12 yrs*
- ☐ Miss Star of Hope *13 & older*

= =

★ ENTRY FORM ★

Name:_____

Address: _____

City: _____ **State:** _____ **Zip:**_____

Phone No:( )_____ **Email:** _____

Birth date: _____

Dance School: _____

100% of the entry fee will go to the *Weill Cornell Medical Center in New York* for the research and cure of Breast Cancer.

This event is held in memory of "Brittany DeStefano", a member of the Starbound Family

Entry Fee …….. $150.00

Send to: STARBOUND NATIONAL TALENT COMPETITION
420 Route 9, Lanoka Harbor, New Jersey 08734
Tel: 609.693.0563 Fax: 609.693.6590
www.starbound.net Email: starbounds@aol.com