



Texas Association of Magicians

TAOM Contest Entry Application

Legal Name: _____

Stage Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Email: _____

Birthdate (Junior contestants only): ____ / ____ / 20____

Please select your competition categories:

Senior (eighteen and older)

- Close-up
- Stage/Club
- Comedy

Junior (seventeen or younger)

- Close-Up
- Stage (includes club and comedy)

The TAOM provides a competitive opportunity to recognize magical accomplishments. Any person registered for the TAOM Convention is eligible to submit an application to compete. The application and video must be received 60 days prior to the convention, in accordance with TAOM Bylaws, Appendix E.

A video of your act or written recommendations by two club members must accompany the application. The video can be sent via mail or with a link to the video. If protected, please provide password to access the video. The video does not have to be produced professionally. DVD or other media will not be returned.

- I am mailing my video. (USPS, UPS, FedEx, Other _____)

Tracking number: _____

- Internet link to video: _____

- Password, if required: _____

- Advance to timeframe: _____

Mail this form to the TAOM Awards Chair:

Bob Emery
2714 Tropicana Dr.
Riverside, CA 92504
Email: e4magic@yahoo.com
Phone: (951) 847-4673

<u>SPACE BELOW FOR TAOM OFFICIAL USE ONLY</u>
Date received ____ / ____ / ____
Video received ____ / ____ / ____
Approved Date _____
Contestant notified ____ / ____ / ____

Notes: _____
