



Texas Association of Magicians

TAOM Contest Entry Form (all fields required)

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/Club

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.

Potential contestants may choose to submit a video of their acts or be recommended in writing to the Contest Chairman by at least two members of the TAOM Member Clubs.

The Contest Chairman may accept an act without a video or recommendation if he/she has personal knowledge of the act.

- 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 Contest Chairman:

Eric Hogue
Email: erichogue@ymail.com
Phone: (972) 365-8873

SPACE BELOW FOR TAOM OFFICIAL USE ONLY

Date received ____ / ____ / ____

Video received ____ / ____ / ____

Approved Date: _____

Contestant notified: ____ / ____ / ____

Notes: _____

