



New Beginning Television Network Shining Star Viewers Choice Contest
Official Entry Form

Name(s): _____

Name(s): _____

Name(s): _____

Name(s): _____

Address: _____

Home Phone / Cell Phone/Email/ Best Time to Call:

Name of Group: _____

Song List:

Please keep songs in the Gospel, Country Gospel, Bluegrass, Bluegrass Gospel , or Contemporary Christian categories.

1: _____

2: _____

3: _____

Contest Details

Individuals and Groups will record all music at New Beginning Studios in Bishop, VA.

Entry fees are \$50

Entry fees are non refundable.

All Scheduling must be completed by March 31st prior to recording. Recording dates are April 1st & 2nd

This is a 4 program Pre recorded elimination contest beginning April 6th 7pm .

Second program for top ten will air April 13th 7pm .

Third program for Top 3 will air April 20th 7pm.

Announcing of winner will air LIVE April 27th 7pm . With the winner performing live during the show.

New Beginning Network Television reserves the right to adjust any portion of the contest.

All scheduling will be conducted by Janice Dash at New Beginning Television Studios.

Remember to call & Schedule Record time at 276-979-9200 9:30 – 4 Mon - Wed

Viewers will be asked to vote for their favorite groups and individuals, votes will be tallied and the winners will be contacted for a second recording.

Winners will also be posted on our website.

All contestants (solo & group) must provide a photo & short bio.

Contest Rules and Regulations

New Beginning Television Network reserves the right to disallow any song.

Release form must be signed by anyone singing or playing in competition.

Valid phone number and or email must be listed on the release form with best times to reach contestants. New Beginning Television Network will call, and leave message if necessary. If a return call, or schedule has not been completed by a certain date contestant will be disqualified from competition.

Prizes

Total Prizes & Giveaways will be determined.

I have read and understand all rules , regulations, & details of Shining Star Viewers Choice Contest.

Print Name Signature Date

Please include a short biography about yourself or your group below, along with a photo(s)

