



Walk The Line Component Competition

September 27, 2022 | 7:00 PM | Nashville, TN

Ground Rules

- Everyone on the team must participate in some way (no standing in the back).
- Teams will be sent a package and are expected to create their own instruments. Additional decorations can be added, such as colored duct tape, markers, glitter glue, and string.
- There will be a list of songs by country groups. A drawing will be done to identify what song each team will be responsible to lip sync. Date to be determined.
- Costumes and props are strongly encouraged.
- Be creative with your props, costumes, choreography, etc.
- Bring your cheering section and prepare to have fun!!
- Each Team will be allowed two (2) minutes for setup and two (2) minutes for tear-down.
- Each performance must include the use of at least one microphone (lead singer).
- Each team will perform at the "Walk The Line" Charity Event in Nashville, Tennessee on Tuesday, September 27, 2022.
- Each team will be judged based on the criteria below.
- All decisions by judges are final. Rules are subject to change at the discretion of the planning committee – participants will be notified of any changes prior to the event.

Judging

Teams will be judged on:

- Lip Sync abilities 10 point
- Appearance and stage presence 10 points
- Instrument creativity 10 points
- Overall Creativity 10 points
- Crowd appeal/ audience response 10 points

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Preferred Contact Name: _____
Contact Number: _____
Contact Email: _____

Registration fee: \$500.00
The registration fee does not include tickets to the event

Please make an ACH to:
Account Name: IFMA Foundation
Bank Name: Wells Fargo
Routing Number: 111900659
Checking Account Number: 3670563307

CREDIT CARD INFORMATION

Please charge to (check one):	<input type="checkbox"/> VISA	<input type="checkbox"/> Master Card	<input type="checkbox"/> American Express	<input type="checkbox"/>
	Discover			
Credit Card Number:	CV#:	Expiration Date:		
Business Name on Card:				
Name on Card:				
Billing Address (if different from above):				
I authorize IFMA Foundation to charge my credit card in accordance with the information above. I understand that this authority will remain in effect until I provide reasonable notification to terminate the authorization.				
Authorized Signature: _____			Date: _____	

Complete the form and return to christina.gonzales@ifma.org