



Island Idol Entry Form

Title: Mr. Ms. Mrs. Miss Dr. Other _____

First Name: _____

Middle Initial: _____

Last Name: _____

Email Address: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Song Entry: _____

Length of Song: _____

Hobbies: _____

Please FAX to: 941-8821

Or mail to:

ATTN: Island Idol Entry
Central YMCA Honolulu
401 Atkinson Drive
Honolulu, HI 96814