



PAFCOM



presents

LGBTQ

GOT TALENT

SATURDAY | 21 MARCH

@1pm

Venue: TBA, Jersey City, NJ

SHOW
YOUR
TALENT

AND TAKE THE SPOTLIGHT.
REGISTER NOW FOR A CHANCE

TO WIN:
1ST \$1000
2ND \$750
3RD \$500

CONTACT US
TO SIGN-UP:

EDYNNE LOQUELLANO
718-715-3067
SHIRAN YBAÑEZ
917-216-0343
ROXANNE CAJIGAS
347-932-6631

www.PAFCOMNJ.ORG



PAFCOM

PHILIPPINE AMERICAN FRIENDSHIP COMMUNITY, INC.

387 Fulton Avenue, Jersey City, NJ 07305

Website: www.pafcomnj.org Email: pafcomnj@gmail.com Tel.: 1-917-216-0343

Facebook: @pafcomnj Instagram: @pafcom_nj



Building Community Through Bridging Cultures and Embracing Diversity.

LGBTQIA+ GOT TALENT APPLICATION FORM

Page 1 of 2

CONTACT INFORMATION

PERFORMER'S NAME/ GROUP'S NAME

ADDRESS

CONTACT PERSON/ TITLE

E-MAIL ADDRESS

PHONE NUMBER

ACT INFORMATION SECTION

NAME OF ACT:

TYPE OF ACT:

PERFORMANCE TITLE:

ORIGINAL ARTIST/S (If any):

PERFORMER'S PROFILE

AFFIRMATION

I, hereby affirm and grant **PAFCOM Inc.** the absolute and irrevocable right to publish, distribute, or otherwise use the photographs and videos taken of me or my group during the **2026 PAFCOM LGBTQIA+ Got Talent** on March 1, 2026. I acknowledge these images may be modified and used in print, online, and on social media for any lawful purpose without further inspection or compensation.

PARTICIPATION CONTRACT

By submitting this application, I/we agree to abide by the affirmation above and the rules stated in page 2, and understand that PAFCOM Inc. reserves the right to disqualify any act that does not meet the safety or content standards of the organization.

PRINTED NAME & SIGNATURE

DATE

PRIZES

First Place \$1,000

Second Place \$700

Third Place \$500

For inquiries, please call/text PAFCOM President SHIRAN YBAÑEZ 917-216-0343 or Co-Chair EDYNNE LOQUELLANO 718-715-3067.

Email us at: pafcomnj@gmail.com

Enjoy making a difference in your community; join the PAFCOM Family!



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Page 2 of 2

CONTEST RULES

- 1. Eligibility:** Contestants must be 18 years of age or older and identify as a **member or ally of the LGBTQIA+ community** across all backgrounds and races marshals.
- 2. Act Variety:** We welcome all talents! This includes, but is not limited to: singing, lip-synching, dancing, instrumental music, skits, magic, stand-up comedy, and juggling.
- 3. Performance Duration:** Acts are strictly limited to a **maximum of 3 minutes**.
- 4. Content Standards:** All lyrics and performances **must be family-friendly and appropriate**. "Clean" edits of explicit songs are not permitted; the original composition must be inherently appropriate.
- 5. Preparation:** Contestants must be fully prepared (lyrics memorized, choreography polished) at the time of the event.
- 6. Attire:** Costumes must be appropriate for a community-wide audience.
- 7. Equipment:** Contestants are responsible for providing their own instruments. Accompaniments may be live or recorded.
- 8. Documentation:** A printed copy of all lyrics must be attached to your application.

APPLICATION PROCEDURES

- 1. Registration:** One designated representative per act must complete the **PAFCOM LGT Application Form**.
- 2. Audition Video:** Submit a video recording of your act to PAFCOMNJ@gmail.com no later than **February 28, 2026**.
- 3. Selection:** Finalists will be selected and notified via email by **March 4, 2026**.
- 4. Final Submission:** If selected, all participants and group members must sign the contract and submit printed lyrics.

PARTICIPANTS CONTRACT & PERMISSION (For the rest of the Members)

By signing this section, I/we agree to abide by the affirmation in page 1 and the rules stated above, and understand that PAFCOM Inc. reserves the right to disqualify any act that does not meet the safety or content standards of the organization.

2) _____	
PRINTED NAME & SIGNATURE (Group Member #2)	DATE
E-MAIL ADDRESS	PHONE NUMBER
3) _____	
PRINTED NAME & SIGNATURE (Group member #3)	DATE
E-MAIL ADDRESS	PHONE NUMBER
4) _____	
PRINTED NAME & SIGNATURE (Group member #4)	DATE
E-MAIL ADDRESS	PHONE NUMBER
5) _____	
PRINTED NAME & SIGNATURE (Group member #5)	DATE
E-MAIL ADDRESS	PHONE NUMBER

For inquiries, please call/text PAFCOM President SHIRAN YBAÑEZ 917-216-0343 or Co-Chair EDYNN LOQUELLANO 718-715-3067. Email us at: pafcomnj@gmail.com

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