

2009 SISKIYOU GOLDEN FAIR
“A BLAST WITH MEMORIES TO LAST”
AUGUST 12-16

COMMUNITY PERFORMANCE REQUEST FORM

NAME OF GROUP _____
NAME OF DIRECTOR _____
ADDRESS _____ CITY _____ ZIP _____
PHONE (DAY) _____ (EVENING) _____
EMAIL ADDRESS _____

NUMBER OF PERFORMERS _____

TYPE OF PERFORMANCE (CIRCLE ONE)

DANCE VOCAL GYMNASTICS

MARTIAL ARTS BAND (WHAT STYLE MUSIC _____)

OTHER (SPECIFY) _____

PREFERRED PERFORMANCE TIME: (Wed. – Sun., August 12-16)

FIRST CHOICE DATE _____ TIME _____

SECOND CHOICE DATE _____ TIME _____

THIRD CHOICE DATE _____ TIME _____

WOULD YOU LIKE TO PERFORM MORE THAN ONCE? YES ___ NO ___

IF YES, WHEN _____

LENGTH OF PERFORMANCE: 30 MINUTES _____ 45 MINUTES _____

SPECIAL EQUIPMENT: Please indicate if any of the following items are needed:

Chairs (how many) _____ Microphones (how many) _____

Sound Needs _____

Other _____

ADDITIONAL INFORMATION WE MAY NEED _____

Please return this form as soon as possible to ensure your participation. Deadline is July 3. Mail or drop off form at 1712 Fairlane Road, Yreka, CA 96097, fax 842-4724.

ATTN: All performances must be family-oriented. Bookings will be at the discretion of the Siskiyou Golden Fair. Any profane acts or materials will result in cancellation of your act.

SIGNED _____ TITLE _____

DATE _____