

**MULTI-CULTURAL FESTIVAL
TALENT SHOW**


APPLICATION

NAME OF ACT: _____

TYPE OF ACT: _____

NUMBER OF PERFORMERS: _____

TIME LENGTH OF THE ACT: _____

DO YOU PROVIDE YOUR OWN ACCOMPANIMENT? _____

DO YOU HAVE ANY SPECIAL NEEDS? _____

IF SO, PLEASE LIST: _____

BE SURE TO FILL OUT THE FOLLOWING:

PERSON TO CONTACT: _____

ADDRESS: _____

TELEPHONE NUMBER: _____

Office Phone Number 564-5321