

# 2017 APAS Heritage Festival – Performance Application



## Contact Information

Community	
Group Name	
Street Address	
City, State ZIP	
Cell Phone	
Alternate Phone	
Email Address	
Describe Performance	

Will you participate in APAS Fashion Show? Held between 3pm and 4pm YES \_\_\_ NO \_\_\_

Performer Name	
Performer Name	
Performer Name	
Performer Name	
Performer Name	
Performer Name	
Performer Name	
Performer Name	
Performer Name	
Performer Name	

## Person to Notify in Case of Emergency

Name	
Street Address	
City, State ZIP	
Home Phone	
Work Phone	
E-mail Address	

**Description of Performance for MC to share with Audience:**

Performance Title	
Performance Title	
Performance Title	
Performance Title	
Performance Title	
Performance Title	
Performance Title	
Performance Title	
Performance Title	
Performance Title	

**Any Special Equipment? *No Cassettes. Only flash drives, MP3 or other media approved***

Equipment	
Equipment	
Equipment	

**Email this form to: [apasgno@gmail.com](mailto:apasgno@gmail.com)**

**More info at [www.apasnola.com](http://www.apasnola.com)**

**Agreement and Signature**

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Name (Printed)	
Signature	
Date	