APAS Asian Pacific American Heritage Festival Performance Application Form



To be completed and submitted with performance multimedia to events@apasnola.com.

CONTACT INFORMATION	
Community	
Group Name	
Contact Person	
Street Address	
City, State, ZIP Code	
E-Mail Address	
Cell Phone	
Alternate Phone	
PERSON TO NOTIFY IN CA	SE OF EMERGENCY
Name	
Cell Phone	
Performance Informa	TION
Performance Title	
Performer Name	
PERFORMANCE TIME	
Length of performance	e: minutes
Preferred time for per (Please rank from 1 to	rformance: o 5, 1 being first preference. Do not rank if it is not an option for your group.)
11am-12pm	12pm-1pm1pm-2pm2pm-3pm3pm-4pm
	ings are subject to change. APAS will try its best to allot the desired time. I be given to completed applications received before the deadline.

EQUIPMENT & IV	TOLTIMEDIA
List MP3 audio	o files, flash drives, or other media and submit with Application Form.
o MP3	3, file name:
o Flas	h Drive, file name:
o Oth	er:
Please note ar	ny special equipment needed:
COMMUNITY COI	NNECTION
Describe	
Performance	
Connection to Asian America	
Pacific Commu	
COMPLETE DESC	RIPTION OF PERFORMANCE FOR MC TO SHARE WITH AUDIENCE (use extra sheets if needed)
COMPLETE DESCR	RIPHON OF PERFORMANCE FOR INIC TO SHARE WITH ADDIENCE (use extra sheets if fleeded)
AGREEMENT AND	SIGNATURE
sy submitting this	form, I authorize APAS and its partners to use names, images, music, and multimedia on APAS and
artner social me	dia accounts, websites, reports, and publications. I affirm that the facts set forth are true and

Email this completed form to events@apasnola.com.

More information available at www.apasnola.com.

other misrepresentations made by me related to this form.

Name (printed)

Signature Date