

APPLICATION FOR ENTERTAINMENT FOR EDEN CORN FESTIVAL

www.edencornfest.com

THIS APPLICATION IS TO BE COMPLETED FOR **ALL FORMS OF ENTERTAINMENT WITH THE EXCEPTION OF BANDS.** BANDS MUST MAIL A CURRENT DEMO CD AS WELL AS A SONG LIST TO: **EDEN CORN FESTIVAL INC. P.O. BOX 86, EDEN, N.Y. 14057**
ATTENTION ENTERTAINMENT COMMITTEE

DATE: _____

NAME OF GROUP OR INDIVIDUAL: _____

CONTACT PERSON: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE _____

PHONE NUMBER(S): _____, _____

BEST TIME TO REACH: _____

TYPE OF ENTERTAINMENT: _____

LENGTH OF ACT: _____

DO YOU NEED A SOUND SYSTEM? (Y/N) _____ IF YES PLEASE

LIST REQUIREMENTS: _____

COST OF YOUR SHOW: _____

DO YOU HAVE A CURRENT INSURANCE CERTIFICATE: _____

Eden Corn Festival Entertainment Committee Use:

Date Received: _____ Received by: _____

Person Give to: _____ Date: _____

Was the Group Contacted: _____ If so, When? _____