2020 ENTERTAINMENT APPLICATON (pg 1)

GROUP / BAND NAME:		
CONTACT NAME:		MOBILE #:
ADDRESS:		
EMAIL:		
WEBSITE:		
• •	e Spring Hill Fall Festival beford time slots did you perform?	ore Y N
Type of Entertainment: Musical Artist (Solo) Musical Group/Band Comedy	□ Other	
· · · · · · · · · · · · · · · · · · ·	Park (Saturday or Sunday) Downtown (Saturday Night)	
Number in group:		
☐ 15 Minutes ☐ 30 Minutes	to perform: (Please check all t 1 hour 2 hours	:hat apply)
Performance Description:	No more than 100 words:	
Is a performance recordin	g available for our review?	Y N

Please note: the entertainment venue where you will be performing is outdoors.

2020 ENTERTAINMENT APPLICATON (pg 2)

Please include your booking fee requirements:		
All submitted material becomes the property of Delawa	are Pride, Inc. and will not be returned.	
By agreeing to perform, the Artist/Performer acknowled and other documentation systems on the site and the start for the use and re-use of any images taken. The Sprin use any and all images it controls for the future advertional Artist/Performer. By agreeing to this application, you a understood as your media consent/release form.	Spring Hill Fall Festival cannot be held responsible g Hill Fall Festival Committee reserves the right to ising and promotion, with no compensation to the	
Signature:	Date Signed:	

The Spring Hill Fall Festival will review all received applications. Due to the number of inquiries received please be advised we will only be in contact if we need additional information or if you have been approved as an entertainer for our event.

Any questions, please contact us at: SpringHillFF@gmail.com