NORTH FLORIDA FAIR COMMUNITY STAGE

November 6 - November 16, 2008

BOOKING DATE: _____ INTERESTED IN 2ND SHOW IF AVAILABLE: _____

CONTACT PERSON: _____ PHONE NUMBER: DAY _____ EVENING_____

NAME TO APPEAR ON STAGE SIGN: _____

COMPLETE MAILING ADDRESS: _____ _____ _____ _____

STREET ADDRESS CITY STATE ZIP

TYPE OF PERFORMANCE: _____ NUMBER OF PERFORMERS IN GROUP: _____

ANY SPECIAL NEEDS OR REQUESTS:

_____

THE NORTH FLORIDA FAIR WILL DO ITS VERY BEST TO MEET ALL SPECIAL NEEDS AND REQUESTS, BUT MAKES NO GUARANTEE EXCEPT WHERE REQUIRED BY LAW. TWO MICROPHONES AND A BASIC SOUND SYSTEM WILL BE SUPPLIED BY THE FAIR, ANY ADDITIONAL EQUIPMENT TO BE SUPPLIED BY PERFORMER (S).

*****NOTE: IF YOUR GROUP HAS 10 OR MORE PERFORMERS, PLEASE LIST THE NAMES OF EACH PERFORMER ON A SEPARATE SHEET OF PAPER AND RETURN WITH THIS FORM TO THE NORTH FLORIDA FAIR. THIS LIST IS REQUIRED BEFORE ANY ENTRANCE CREDENTIALS WILL BE ISSUED.***

For Office Use Only:

Day_____ Time_____

Day_____ Time_____

Confirmation Letter Mailed: _____ Reminder Letter Mailed: _____

Performer Passes: How Many: _____ Numbers: _____

Date Passes Picked Up: _____ Time: _____ Issued by: _____

Passes Picked Up by: (please print) _____ Signature: _____

Please complete this form and submit via fax or mail: attention to Stella Earnhart

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Information Line (850) 671-8400
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