

3rd Annual Italian American Heritage Festival Saturday, April 27, 2024



ENTERTAINMENT COMMITMENT FORM

We are pleased that you are donating your time and performing for the Third Annual Italian American Heritage Festival in Fountain Inn. Please complete this form so we can better serve you. **Stage Time: 12:00 p.m.** – **6:00 p.m.** (We will be having an opening ceremony and a closing ceremony)

NAME OF BUSINESS O	OR ORGANIZA	TION:
ADDRESS:		
CONTACT PERSON:		
CELL #:		WORK #:
EMAIL ADDRESS:		
TYPE OF BUSINESS:	DANCE	VOCALISTMUSICIAN OTHER
HOW LONG is ROUTIN	NE or SET?	
WILL YOU BE SUPPLY	NG YOUR OW	N MUSIC?
NUMBER of PEOPLE P	ERFORMING:	
		ge 50 x 24):
SPECIFIC REQUESTS (i	f needed):	
ROUGHLY WHAT TIM	E ARE YOU AB	LE TO GO ON STAGE AS WE HAVE TIME SLOTS TO FILL?
FROM:	то:	MULTIPLE TIMES?
PRINT NAME:		
SIGNATURE:		DATE:
	(Mana	ger, Director, Artist, Musician)
IVHE.		DATE