ENTERTAINMENT APPLICATION

Date Application was Submitted for review:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| Organization/Business Name: |  |
| Type of Performance: |  |
| Contact Person: |  |
| Phone Number: | ( ) |
| Email address: |  |
| Web Site: |  |
| How Long have you been Performing: |  |
| What other events have you performed at: |  |

Submit the form via…

Email: womens\_night\_out@yahoo.com

(or)

Mail: Entertainment Review P.O. Box 1774 Lewiston, ID. 83501

Thank you for your interest in performing at the Christmas extravaganza, we look forward to reviewing your application and will be in touch via phone or email upon receipt.

CONTACT PERSON: Christina Clark—(208) 305-4127

WEB SITE: www.christinaclarkschristmasextravaganza.com