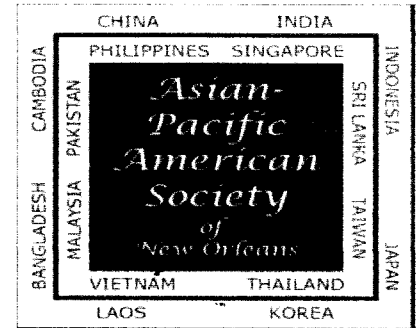


**2017 APAS GALA
PERFORMANCE APPLICATION
NOVEMBER 11, 2017**

Website: apasnola.com
Email: apasgno@gmail.com
Address: APAS, P.O. Box 1978, Metairie, LA 70004
Hyatt Regency, 601 Loyola Ave., 2nd Floor
New Orleans, LA 70113; Time: 6:00 PM – 12:00 AM



Contact Information

Community _____

Group Name _____

Street Address _____

City _____ State _____ Zipcode _____

Cell Phone _____ Alternate Phone _____

Email Address _____

Describe Performance _____

Person to Notify in Case of Emergency _____

Street Address _____

City _____ State _____ Zipcode _____

Cell Phone _____ Alternate Phone _____

Email Address _____

Description and History of Outfit (add additional page(s) if needed)

Any Special Equipment? No Cassettes. Only flash drives, MP3 or other media approved and be provided to APAS performance coordinator two weeks before the event. Please indicate types of equipment and label or title for each performance.

Equipment Label/Title for Performance 1 _____

Equipment Label/Title for Performance 2 _____

Equipment Label/Title for Performance 3 _____

Equipment Label/Title for Performance 4 _____

Equipment Label/Title for Performance 5 _____

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal. Performers must be at the stage and check in with stage manager at least one hour before performance.

NAME (PRINT)	
SIGNATURE	
DATE	
TITLE (Performer or guardian)	