

Metamora Country Days and Hot Air Balloon Festival



Saturday, August 28, 2021

Stage Entertainment Application

Entertainment Name: _____ Contact Person: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____
Day Evening

Type of Entertainment: _____

General description of entertainment _____

List instruments: _____

Do you wear a costume? If yes, please describe costume: _____

Stage requirements: _____

Additional requirements: _____

Hours available: _____

Do you require a fee? If yes, please indicate fee: _____

Does your performance include audience participation? Yes No

I understand this participation application will be considered on the availability of space, the amount of space required and the number and type of entertainment applications received by others previously accepted.

Signature: _____ Date: _____

Please include photo of entertainment and any additional information you wish.

Please provide a copy of your insurance policy naming Metamora Area Chamber of Commerce as an additional insured on your general liability insurance policy and return with application **BY AUG. 2 to: **MACC, P.O. Box 16, Metamora, MI 48455.****