

Beggs Area Chamber of Commerce
P.O. Box 270
Beggs, Ok 74421
www.beggsfrontierdays.com

ENTERTAINMENT ENTRY APPLICATION

Name of Group or Individual:

Address: _____

Address: _____ Phone: _____

Contact Person: _____

Contact Person Number: _____

Type of Performance: _____

(example: singing, dancing, juggling, playing instruments)

Music Style: _____

(example: country, jazz, rock, religious)

Time needed for Performance: **(circle one)**

15 minutes 20 minutes 30 minutes 45 minutes 1 hour

Please check the following statement or statements that apply to your act.

_____ I/We need special sound equipment that I/we will bring.

If checked, how long do you need to set it up? _____

_____ I/We will provide our own live back up music.

_____ I/We will be performing with a soundtrack tape.

_____ I/We will be performing with a soundtrack CD.

_____ I/We will need _____ microphones.
(how many)

How much street space do you need?

Does your performance require any special equipment that you would expect us to provide? (example: special electrical outlets, special sound equipment)

Other important information that I may have failed to inquire about:

Please return completed application to:

Valerie Rice - FFD
c/o Beggs Chamber
P.O. Box 270
Beggs, OK 74421

Festival Coordinator 918-798-9426
Entertainment Chair 918-636-5267