



Festival Performer Application

... PLEASE FILL OUT CLEARLY

THIS APPLICATION MUST BE POSTMARKED BY SEPTEMBER 15, 2005

CONTACT PERSON: _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

TELEPHONE: DAY () _____ NIGHT () _____

E-MAIL: _____

WEBSITE: _____

Performer/Band/Group Name: _____

Number of performers: _____ Number of years performing: _____

How do you categorize your music? _____

Folk Country Blues Cajun Popular Jazz

Folk/Rock Old Tyme Reggae Other (Explain): _____

Have you or your group performed at the South Florida Folk Festival in the last three years? Yes No If so, when: _____

Please give brief bio on yourself/band/group, etc. for publication in the festival program. Limit 200 words. Attach a separate page if necessary:

Return Completed Form With CD/Tapes/Press Kits & Attachments (if applicable) To:
Steve Glickstein • 7154 N. University DR. #73 • Tamarac, FL 33321 • glickesq@hotmail.com