

**Entertainment Application
Trail Festival Society
Silver City Days**

Band Name: _____ # in Band: _____

Contact Name: _____ (H) _____ (Cell) _____

Type of Music: _____ Other: _____
(Magic, Clown, Etc.)

Would you be interested in: Family Day in the Park: ___Y ___N
On Stage Outdoors: ___Y ___N
Sidewalk Café' Stage: ___Y ___N
Kid's Event: ___Y ___N

Day Available: ___ Wed ___ Thur ___ Fri ___ Sat ___ Sun

Time Preference: For Wednesday, Thursday, & Friday

___ 3:00 PM ___ 4:00 PM ___ 5:00 PM ___ 6:00 PM ___ 7:00 PM

___ 8:00 PM ___ 9:00 PM ___ 10:00 PM

(Check all that apply)

Time Preference: For Saturday

___ 12:00 PM ___ 1:00 PM ___ 2:00 PM ___ 3:00 PM ___ 4:00 PM

___ 5:00 PM ___ 6:00 PM ___ 7:00 PM ___ 8:00 PM ___ 9:00 PM

___ 10:00 PM ___ 11:00 PM (Check all that apply)

(Certain times may be taken by other entertainment put on by SCD Committee)

Time Preference: For Sunday in the Park

___ 1:00 PM ___ 2:00 PM ___ 3:00 PM ___ 4:00 PM ___ 5:00 PM

Do you require anything special: ___ Y ___ N

Please list: _____

It is important to have correct band member numbers given to us so that our payments we provide to groups are correct. You will be paid at end of your performance.