Coffeehouse Application Chittenango Music Booster Association

Application **Due**: Wednesday, January 2, 2019 **Date of Coffeehouse**: Friday, January 4, 2019 Please print or type all information

Performer Name(s):	
Phone Numbers: Home:	Cell:
Email Address:	
Type of performance (Ex. Vocal, bar	nd piece, drama, poetry, dance etc)
	Maximum)
What extra equipment do you need? (Ex. piano, microphones, drums, amps, etc.)	
	ith all copies of all lyrics, music, scripts, etc. (if
possible) to your music teacher or to Mr. Stearns at Chittenango High School before	
the above deadline. All performan	nces should be appropriate for a coffeehouse setting.
You receive notice of your perf	ormance time pending approval. Thank you for
sharing your time and talents!	
Signature of Applicant(s)	Date:
Parent/Guardian Signature (if und	er the age of 18 or a student at Chittenango):
	Date:
Do	not write below this line
Approved Not Approved Comments:	Approximate Performance time: