



Hope for North Brevard
December 4-December 24, 2016
ENTERTAINMENT COMMITMENT FORM

Please print all names legibly and exactly as they should appear in publications.

All performers will receive a complimentary pass into Lights of Hope for the night they perform.
(Note: Parents and guests of performers will need to pay admission price.)

Entertainment/Band Name: _____

Contact Person: _____

Telephone: _____ **Email:** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Type of Entertainment: _____

Number of people in your performance: _____

Please circle preferred performance date:

(You will get an email confirming date and time)

Friday Dec 2

Saturday Dec 3

Sunday Dec 4

Friday Dec 9

Saturday Dec 10

Sunday Dec 11

Friday Dec 16

Saturday Dec 17

Sunday Dec 18

Tuesday, Dec. 20

Wednesday Dec 21

Thursday Dec 22

Friday Dec 23

Please note any special equipment, sound, lighting, etc. you may need.

Please comment on how long your performance will be and approximately how long your group will need to setup: _____

PLEASE RETURN FORM TO:

Chrissy Gordon at cgordon@hopenb.org or Hope for North Brevard 416 Pine Street Titusville, FL 32796

I release Hope for North Brevard & any other person involved with the festival from any claim, demand, suit, or course of action for any damage or injury occurring. I also give permission to a photo release to use an my likeness with or without identification.

Signature: _____

Title: _____ **Date:** _____

NOTE: Remember to make a copy of this form for your records.

We, the LIGHTS OF HOPE Committee, sincerely thank you for sharing your time and talents!