



Hope for North Brevard

December 8 - December 24, 2017

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 8

Saturday Dec 9 (CLOSED)

Sunday Dec 10

Friday Dec 15

Saturday Dec 16

Sunday Dec 17

Thursday Dec 21

Friday Dec 22

Saturday Dec 23

Sunday Dec 24

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!
For more information, please contact Chrissy Gordon, Hope for North Brevard, Director of Special Events
at (321) 863-6359 or cgordon@hopenb.org.