



**Marion County's Dr Martin Luther King Jr.,
Commemorative Commission
PO BOX 171, Ocala, FL 34478**

Entertainment/Performer(s) Application Form

Date: MONDAY Jan. 16, 2022

Check-In/Sound Check 8:00-9:00 am — Review Order of Performances

- ❖ Performer Name _____
- ❖ Organization group _____
- ❖ Troupe/ Actors Guild _____
- ❖ Authorized Representative: _____
- ❖ Address: _____
- ❖ City: _____
- ❖ State: _____
- ❖ Zip Code: _____
- ❖ Phone: _____
- ❖ Fax: _____
- ❖ Email: _____
- ❖ Sound Stage Requirements _____

Performance Type	Early Submission of Application on or before Dec. 16, 2022	Regular Submission of Application Due: Due by Dec. 16, 2022	Number of Performers
<ul style="list-style-type: none"> ● Choir/Music ● Ensemble/ Soloist ● Musician 			
<ul style="list-style-type: none"> ● Poetry ● Spoken Word 			
<ul style="list-style-type: none"> ● Dance ● Exercise/ Step 			
<ul style="list-style-type: none"> ● Comedy 			
<ul style="list-style-type: none"> ● Monologue 			

Applications are Due on or before December 16, 2022

Please Email Applications to: entconsultantbyteshaj@gmail.com

I understand that my application does not confirm that my performance will be booked or scheduled, this may be due to number of applications excepted. I agree to indemnify and hold harmless toward Marion County's Dr Martin Luther King Jr., Commemorative Commission committee members, volunteers of any and all claims, causes of actions, suits, damages, injuries and losses to person or goods arising out of or in any way connected to participate in any scheduled dates. I agree to indemnify and hold harmless to Marion County's Dr Martin Luther King Jr., Commemorative Commission committee members, volunteers from any claims arising from the acts of negligence of representatives, agents or any one volunteering. I agree that photographs, slides, videos of my organization, business, personnel, agency, booth/ table, or contents may be used by Marion County's Dr Martin Luther King Jr., Commemorative Commission for promotional purposes. I have read the general information outlining the policy regulations and the above statement. I understand completing and signing this application constitutes a contract agreement and the guidelines set forth.

Print Name: _____

Signature: _____

Date: _____

Entertainment Representative Signature: _____

Application Submitted on: _____

Entertainment/Performer(s) Application Form

Guidelines and Regulations for Performers by TeShaJ Consulting

TeShaJ Consulting

Phone: 352.426.0861 ✉ Email: entconsultantbyteshaj@gmail.com