

EVERETT SAUSAGE FEST
October 2 - 4, 2009
PERFORMER APPLICATION

Name of Act: _____

Contact Person: _____ Phone: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____ E-mail: _____

How do you want your performance described in our program?
(30-character limit, including spaces)

Please check the appropriate category or categories

_____ A cappella	_____ Jazz	_____ Dance Group
_____ Blue Grass	_____ Country	_____ Comedy
_____ Blues	_____ Old Time Music	_____ Juggler
_____ Children's act	_____ Rock (original)	_____ Magician
_____ Classical	_____ Rock (classic/top 40)	_____ Puppeteer
_____ Ethnic	_____ Swing Band	_____ Theater
Type: _____		
_____ Folk	_____ Dixieland	_____ Other -
_____ Gospel	_____ Rhythm & Blues	Type: _____

Include with application:

- Picture
- Cassette or CD
- Bio
- Song List
- References

What fee do you ask? \$ _____ What fee won't you go below? \$ _____

DEADLINE FOR APPLICATION: June 1, 2009

Send application to: Craig Cooke

c/o Everett Sausage Fest

PO Box 250

Bothell, WA 98041 Telephone: (425) 489-7900

Check which stage you prefer to perform on: _____ Beer Garden _____ Family

*IF YOU WANT YOUR PROMO RETURNED, SEND A SELF ADDRESSED STAMPED ENVELOPE