



## Taste of Maplewood Street Festival Community Stage Performance Application

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

Name of Group (if any) \_\_\_\_\_

# and name(s) of performing individual(s): \_\_\_\_\_

#of performing individuals under 18: \_\_\_\_\_

If any, describe any prior performance  
experience: \_\_\_\_\_

Time allotment requested for performance: \_\_\_\_\_

Describe the nature of performance: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Specify any sound, stage, set-up requirement and/or other performance requests:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Optional:* Use the space below to provide any other information that the selection committee should consider about your performance.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I understand that this opportunity is voluntary and that no compensation is being offered.

Please keep this application on file for future entertainment opportunities which may be compensated or uncompensated.

\_\_\_\_\_  
*Signature* *Date*

**Submission Deadline is Friday, April 11<sup>th</sup>**

Return application via mail, fax, or email

Maplewood Chamber of Commerce

2915 Sutton Blvd. | Maplewood, MO 63143 | fax: 781.5397 | email: [director@maplewood-chamber.com](mailto:director@maplewood-chamber.com)