Illinois Association of Agricultural Fairs Application for Showcase Entertainment

Name of Act				
This is a request for a stage	act opportunity	Please circle	yes	no
Is Act associated with an Age If yes, name of Agency	=			
Contact Person				
Mailing Address				
City		State	_ Zip	
Phone number	Fax num	ber		
Email address				
Website				
Type of Entertainment:				
Classic Rock Cour	ntry Rhythm	& Blues Tex M	1 ex	
Blue Grass Folk _	Western Swing	Acappella	_ Pop	
Magic Puppet				
Other, Please explain				
*Please attach a desired micr	ophone floor plan			
For introduction purposes, p to be introduced. (20 second	* *		•	ır group
Application must be receivant may include a demo CD or An 8 x 10" picture may also b	DVD with the ap	plication.	9	
Send application and fee to:	IAAF Gary Hadden 1616 Old Highwa Jacksonville, IL 6	•		

Phone 217-370-2720 Email: ghadden4@gmail.com