



OCTOBER FESTIVAL PERFORMERS APPLICATION



17th Annual October Fest Application

Sponsored by the Town of Morven

P.O. Box 295

Morven, NC 28119

(704) 851-9321

Please complete, sign, and return this application to the Town of Morven.

PERFORMERS:

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

PHONE (_____) _____

Please describe your performance.

If needed- please list items using electricity, please list items or appliances you will be using and the number of outlets needed. # Of 110V _____ # of 220V }

General Release:

I have read the performers information and understand that the October Fest Committee and the Town of Morven assume no responsibility for personal injury or work lost by theft or breakage either during or after the show hours. I understand that I have an allotted time to perform at the October Festival. I agree to be on time for my performance as scheduled by the Festival Committee. Failure to do so will result the loss of my slot. I may not share my space with another performer without prior permission. I agree to show and sell only those items for which I was approved. I understand that this application is a commitment to as a performer. By signing this application, I agree to the terms.

Applicant's Signature

Date