



FIRST NIGHT
YOUNGSTOWN

25 E. Boardman Street · Suite 405 · Youngstown, Ohio 44503

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First Night® Youngstown 2018 Performer Application

Name of Group or Artist: _____

Number in Group: _____ How long will it take you to set up and tear down? _____

Please give a **detailed** list of your electrical and/or other requirements? _____

Contact Person (s): _____

Address: _____ City: _____ State: _____ Zip: _____

Best Contact Phone: _____ Email: _____

Website: _____ Requested Fee: _____

Hours Available: _____ Number of **45 Minute** Performances: _____

Detailed Description of Performance: _____

Do you wish to sell your Tapes/CDs at First Night® Youngstown? Yes or No

Please send AUDITION MATERIALS TO BE REVIEWED BY ENTERTAINMENT COMMITTEE

By signing below, I am confirming my availability to perform at First Night® Youngstown on December 31, if selected. I also certify that my performance is suitable for children and families. Please Note: Parent's signature needed for children under the age of 18.

Performer's Signature

Date

For Office Use Only: Accepted/Not Accepted Contract Sent _____ Contract R'cvd: _____
Night of: Check Written _____ Check Given/Check Sent