



PERFORMANCE REQUEST APPLICATION

Return to: Attention Marketing Dept.*1100 Pennsylvania Avenue, NW* Washington, DC 20004*202/289-4224(P)*202/898-0653(F)

Section I. About the Group

Group Name	Requested Performance Day Monday through Friday	Performance Time: 12 noon – 1pm
Group Contact & Title	Phone	Fax
Address	Alternate Performance Dates (at least 2)	Comments

Section II. About the Performance

In an effort to provide you with the best assistance necessary for a smooth performance, please take a moment to answer the following questions and forward a cassette, compact disk and/or VHS tape of a live performance of your group.

Please send copies of all recorded performances as time constraints may not permit the return of your originals.

1. Type of Performance (**Circle One**):

Band/Orchestra Choir Dancers Solo/Musician Other _____

2. Name of Group Leader _____

3. Length of Performance _____

4. Please Indicate Equipment You Will Need for Your Performance (**WE ONLY PROVIDE THE FOLLOWING**):

o Piano ♦ Chairs (40 Max) _____ ♦ Microphones/Cables (2 Max)-Only avail M-F _____ ♦ Microphone Stands (2 Max)-Only avail M-F _____

5. What Type of Attire Will Your Group Wear While Performing: _____

6. Will You Be Bringing a Group Banner or Sign for Display at the Time of Your Performance? _____ If so, How Large Is It and What Are Its Colors?: _____

7. We offer meal coupons for groups of 20 or more. Each coupon costs \$7.00 and for every 20 purchased, you'll receive one complimentary coupon. Would you like more information about our program? _____