

| Name of Event: | | | |
|---|---------------------------|------------------|-----|
| Date of the event:/ through// | Number of performances: | | |
| Physical Address of Event: | | | |
| Services you would like (circle one): Announcing | Sound B | oth | |
| Event (circle one): Indoor Outdoor | | | |
| If indoor, does the building have permanent speakers (ci | rcle only if wanting Sou | nd or Both): Yes | No |
| Event Area (Arena) Dimensions:ft byft | | | |
| Contact Info: | | | |
| Name: | | | |
| Phone Number: ()Cel | l Home | Work | |
| Signature of Committee Chairperson or person in charge of | finances: | | |
| x | | | |
| For your convenience, as soon as we receive the application | - | | эру |
| to the return address on the front of the envelope so you w | ill know if Lightning G k | as accented or | |

to the return address on the front of the envelope so you will know if Lightning G has accepted or declined the event. If for some reason we cannot do your event, we will send it back with the reason why. If you have any questions or comments, feel free to either call or e-mail us. You can find our contact information online at <u>www.lightningg.weebly.com/contact</u>.

<u>OFFICE USE ONLY</u>

Signature of Lightning G:

X_____

Reason if cannot do event:

| Bid on event: \$ for 1 performance x | _ performances = \$ | TOTAL |
|--------------------------------------|---------------------|-------|
|--------------------------------------|---------------------|-------|