



ENTERTAINMENT REGISTRATION FORM

Performer Name: _____

Type of Act: Band / Solo Act / Dance Group / Spoken Word / Choir / Other _____

Contact Person: _____ Phone Number: _____

Mailing Address: _____ Email Address: _____ @ _____

Website: _____ Facebook Page: _____ Twitter: _____

Describe the entertainment or activity you will be providing: _____

Sample Type Submitted: DVD CD Flash Drive EPK Other

Please note your performance *preference* time. Slots are available in 30 & 60 minute increments.

Before 12 pm After 12 pm 30 min 60 min

The Monticello-Jasper County Chamber of Commerce is a non-profit organization. Entertainers will not be compensated for their appearance/performance, but will be included in the advertising for the Festival at no charge. We hope you are able to donate your time/service to this long-running community event!

Questions? Call, Email, or Come see us!

Office use only:

Date Received _____

Date Confirmed _____

Performance Time _____

Monticello-Jasper County Chamber of Commerce
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706-468-8994

jasperchamber@bellsouth.net