

BOOKING APPLICATIONS FORM

Please complete and return to: Carole Stone, 351 Bonner Ave. Winnipeg, MB, R2G 1B4

Date of Application _____

Performance Venue _____

Organization _____

What are you fundraising for _____

Preferred Date for Performance _____

Contact Person(s)

Primary

Alternate

Name(s) _____

Address(s) _____

Postal Code(s) _____

Phone Number(s) _____

Home _____

Work _____

Cell _____

E-Mail(s) _____