

BOOKING APPLICATIONS FORM

Please complete and return to: Sisters of the Holy Rock, c/o 292 Rouge Rd., Winnipeg, MB R3K 1K2

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) _____