



Rogers Community Support Center

315 West Olive Street
Rogers, AR 72756

Performance Application

479.936.5453 ext. 101 Fax 479.621.1159

Rogers International Festival '07. Saturday, May 12, 2007. From 11:00 a.m. to 5:00 p.m.
Please fax your completed form to 479.621.1159

Contact Person: _____ Phone # _____

Name of the Group: _____

Address: _____

City: _____ State: _____ Zip code: _____

Cell: _____ Fax: _____ E-mail: _____

Cell Number to be reach at the day of the Festival: _____

Country, Culture or Ethnicity that your group represents:

Type of Performance: Please check one. If more than one, use another application sheet.

1. Music. Type: _____; 2. Dance. Type: _____; 3. Other. please specify:

Performance Length (Mark the time of the performance):

5 Minutes: _____ 10 Minutes: _____ 20 Minutes: _____ 25 Minutes: _____

Your application will be reviewed by the RIF committee and you will be notified if your Performance will be present in the Rogers International Festival.

Group Members Names	Phone #	T-Shirt Size
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____

Thank you for your participation.