



Kent County Youth Fair
Community Stage Time Slot Request
(Please print clearly)

Contact Person: _____

Stage Name(s): _____

Address: _____

City: _____ State: _____ Zip: _____

Daytime Phone: _____ Evening Phone: _____

Email Address: _____

Number/Name of Performers: _____

Short Description of performance: _____

Description of Performance: _____

Additional Information: _____

Time Slots:

Enter Mon, Tue, Wed, Thu, Fri for the day
and 11AM, 1 PM, 2 PM, 3 PM, 4 PM, 5 PM for the time slots, for example
enter wed 3PM to request Wednesday at 3:00 PM

1st Choice Time Slot: _____

2nd Choice Time Slot: _____

3rd Choice Time Slot: _____

Our group/individual would like to participate in the parade: () Yes () No

Please bring or mail this form to (must arrive on or before July 31st, 2009)

Kent County Youth Fair
Attn: Community Stage
225 South Hudson
Lowell, MI 49331

