



**FELLSMERE DAY
97TH BIRTHDAY
Saturday, April 5, 2008
PERFORMANCE ENTRY FORM**

Please fill out and return as soon as possible to:
City of Fellsmere/Fellsmere Day
21 S. Cypress Street
Fellsmere, FL 32948
(772) 571-0116 or fax to (772) 571-1901

Please type or print clearly

Name of Applicant/Contact Person: _____

Name of Performer/Group: _____

Mailing address: _____

City: _____ State: _____ Zip: _____

Business telephone: _____ Home telephone: _____

FAX number: _____

E-mail: _____

Type of Performance: _____

Number of Performers: _____ Length of Performance: _____

Information/Statement for announcer: _____

Release of Liability

I hereby waive and release any and all claims for damage against the City of Fellsmere/Fellsmere Beautification and Fellsmere Day Committee and all its agents for any and all injuries suffered by participation in Fellsmere Day. I attest that I am physically fit and able to compete without adverse affects to my health and well-being. I also agree to the publishing of any and all pictures from Fellsmere Day.

Signature: _____ Date: _____

All performances will be on the grounds of the Old Fellsmere School (S. Orange St. and C.R. 512)

For more information go to: www.cityoffellsmere.org

