

Community Showcase

Name of organization: _____

Contact person: _____

E-mail address: _____

Performance times will be 20-25 minutes, with 5 minute turn-around time. Please rank your top three time preferences:

Thursday

3:00 p.m. _____ 3:30 p.m. _____ 4:00 p.m. _____

4:30 p.m. _____ 5:00 p.m. _____ 5:30 p.m. _____

6:00 p.m. _____ 6:30 p.m. _____ 7:00 p.m. _____

7:30 p.m. _____ 8:00 p.m. _____

We will open up more time slots if needed.

Please tell us about your organization and your performance:

Please return by July 15th to:
fairoffice@saline.org

For Office Use:

Date Received: _____