Tri-Rivers Fair Community Showcase

Name of organization:		
Contact person:		
E-mail address:		
	25 minutes, allowing for a 5-1 your schedule time, please re	minute turn-around time. espect the other performers and keep
Rank your top three prefere	nces: (more time slots will be	opened up if needed)
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
Please tell us about your org	ganization and your performan	nce:
		For Office Use:

Date Received: