

Columbus International Festival



Dr. J.S. Jindal, Festival Chair Franklin Park Adventure Building

Saturday & Sunday, September 29-30, 2018

	Type into MS Word form or print clearly				
Name of Organization or Business					
Contact Person Responsible for the group					
Home Phone	Mobile Phone	Email			
ORGANIZATION		CONTACT PERSON			
Address	City	Address			City
Phone	State, Zip	Phone			State, Zip
List All Countries Represented		Quantity: under 18 Quantity: over 18			Quantity: TOTAL
Description of performer/group (List all countries represented, year performing, etc.)					
Performance Details					
Type of Performance (Please check): Instrumental Vocal Dance Other					
Length of Performance: (Min) (Max time of 30 min will be strictly followed. Includes on/off stage). Setup: Indicate if you need or have significant equipment or gear to be moved, on/off stage: Yes No If yes, please explain:					
Description of musical piece and/or history of art form (add additional sheet if needed) Note: This description may be used in the Program Book and by the Master of Ceremonies:					
Availability:					
Please indicate the time-frame(s) you p	Early (before 2 pm) Afte			rnoon (after 2 pm)	
Saturday, Sept 29, between 10 am-6 pm:					
Sunday, Sept 30, between 10 am-6 pm:					
Waiver: I agree to hold harmless the Columbus International Festival Committee, its affiliates, officers and directors, employees and agents from any and all liabilities, expenses or damages (including reasonable attorney's fees) springing forth from or connected to any claim arising directly or indirectly from the event and performance.					
(Signature of group representative)	(Date)				
Please return a hard copy of this form to: Entertainment Committee Deadline to receive application August 31, 2018 PO Box 340272 Columbus, OH 43234					
For more information, please visit our web site at www.CIFOhio.org. Entertainment@CIFOhio.org					