

2008 Course Entertainment Registration Form

1. Name of group/performer: _____
2. Primary contact name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____
Email: _____ Website URL: _____
Phone (day of event): _____
3. Number of people in your group: _____
4. Approximate size of space you will need to perform: _____
5. Type of surface best suited (Circle): **Grass** **Asphalt** **Concrete** **No Preference**
6. Will you need access to electricity? If so, please describe: _____
7. What kind of identification or signage, if any, do you have for your group? _____

Do you plan to display it on the course (circle) **YES** **NO**

8. Identify any other special needs or concerns: _____

Promotional Information

How should you or your group be identified in print? _____

Briefly describe your entertainment (i.e. gymnastics group, heavy metal band, country music singer, etc.)

Provide your booking information if different from primary contact: _____

Please return this form, **NO LATER THAN April 14th** to:

Vision Event Management
Attn: Chad Antcliff
13795 Oakwood Court
Carmel, IN 46032
Fax: (317) 245-2463
E-mail: chad@visioneventmanagement.com