



LOCAL STAGE APPLICATION
15th ANNUAL FLORIDA BLACK EXPO
SATURDAY, OCTOBER 8, 2016
THE PRIME OSBORN III CONVENTION CENTER
 PLEASE PRINT

Name of Performer/Group _____

Contact Person _____ Cell Phone _____

Address: _____

Website _____ E-mail _____

Phone _____ Fax _____

Type Performance: _____ Length of Performance: ____ 15 mins. ____ 30 mins.

Admission Passes _____ # Microphones needed _____ # Chairs _____

Parents & Siblings must pay admission. Discounted Extra tickets: 1 to 9 extra tickets are \$12 each or bundles of 10 for \$100 must be ordered by September 16, 2016

Do you have a booth at he the Florida Black Expo? No ____ Yes ____ Booth # _____

We will provide FREE PARKING, sound system, a CD player, and shared promotional display table (1 hour) for use by the performers. Dressing rooms are NOT provided. Come dressed and ready to perform.

All acts must be appropriate for families and no profanity please. Please attach a brief biography (2 paragraphs maximum) on your group or artist (even if you plan to introduce your group and/or you have performed in the past). A photo is requested but is optional. Applications without a biography, list of performers, and signed liability waivers for each person will not be considered or processed. **NO EXCEPTIONS!** Acts with an Exhibitor Booth are given priority status. Large groups of 20 or more must pay for performers with 21 persons or more. Incomplete applications will not be processed. **Application deadline is September 8, 2016**

Each group is requested to designate at least 4 people to take the 7-minute survey after visiting the exhibit hall. Regretfully we are unable to accommodate Bands in this setting due to time restrictions. Submission of this form does not guarantee acceptance as a performer.

I/we agree to arrive one (1) hour before my scheduled performance time. I/we will conduct myself and the members of my group in a professional and courteous manner. I/we will not change the content of my material for this event without the consent of the entertainment coordinator. Breach of this agreement may be reason for dismissal from all future events by the producers, consultants, or venue and/or legal action. Appropriate attire for a family atmosphere is required at all events.

Signature _____

Date _____

Please Respond by DEADLINE September 8, 2016

Florida Black Expo, 101 Century 21 Drive Suite 105, Jacksonville, FL 32216

Ms. Pat O'Neal-Williams (904) 504-6402

Fax (904) 249-3070

Email: flocalstage@gmail.com Subject line: Your Name FBE Local Stage



Performer/Group _____

Contact Person _____ Cell Phone _____

LIST OF PERFORMERS

PLEASE PRINT

STATUS CODES: CHAPERONE - **C** DIRECTOR OR MANAGER - **D/M** PERFORMER - **P**
Payment amount

NO.	STATUS	NAME	PARENT	CELL	AGE	PAY
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
18						
19						
20						

If needed, please reprint this sheet and list all persons in excess of the first 20
Discounted Extra tickets: 1 to 9 extra tickets are \$12 each or bundles of 10 for \$100 must be ordered by September 16, 2016
Payment Options: certified funds, money orders, or cash. Made Payable: Black Expo

Contact Information: Ms. Pat Oneal-Williams (904) 504-6402 or flocalstage@gmail.com

