15TH ANNUAL
CHOCTAW FRONTIER DAY

RE-ENACTOR and PERFORMER FACT SHEET
APRIL 19 & 20, 2018
AT CHOCTAW CREEK PARK, 2001 N HARPER, CHOCTAW

Name of Organization: _____

Address: _____

City:_____State:_____Zip Code:_____

Phone: _____ Fax: _____

Contact Name: _____E-Mail_____

TYPE OF PROGRAM/PERFORMANCE:
_____

_____

Approximate size of area needed: _____

Number of persons participating:_____Please attach list of names.

If information material for advertisement is available, please attach to this application.

ARE ANY ELECTRICAL OUTLETS NEEDED? YES NO

IF YES, HOW MANY? _____ VOLTAGE _____

REIMBURSEMENT REQUEST:_____FOR:_____

AVAILABLE ON THURSDAY_____FRIDAY_____
TIMES _____

DISCLOSURES

1. You are NOT covered by a liability insurance policy.
2. It is your responsibility to obtain any temporary license for food booths.
3. Return applications to: Ryan Hill
   City of Choctaw
   P.O. Box 567
   Choctaw, OK 73020
   Phone: (405) 281-6854
   Fax: (405) 769-2431
   E-mail: rhill@choctawcity.org

I HAVE READ AND I UNDERSTAND THE ABOVE DISCLOSURE STATEMENTS.

_____ DATE: _____