

**15<sup>TH</sup> 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:

City of Choctaw  
P.O. Box 567  
Choctaw, OK 73020  
Phone: (405) 390-8198  
Fax: (405) 390-8607  
E-mail: [rjacox@choctawcity.org](mailto:rjacox@choctawcity.org)

I HAVE READ AND I UNDERSTAND THE ABOVE DISCLOSURE STATEMENTS.

\_\_\_\_\_ DATE: \_\_\_\_\_