CHOCTAW FRONTIER DAYS

RE-ENACTOR and PERFORMER FACT SHEET
AT CHOCTAW CREEK PARK, 2001 N HARPER, CHOCTAW

Name of Organization: _____

Address: _____

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.
3. Return Form to: Ryan Hill
City of Choctaw, P.O. Box 567, Choctaw, OK 73020
Phone: (405) 281-6854, Fax: (405) 390-8607

I HAVE READ AND I UNDERSTAND THE ABOVE DISCLOSURE STATEMENTS.

_____ DATE: _____