



Program/Performer Information

Staff Only: Date Submitted: _____ Received by _____ <i>Place in Ally Godina's Mailbox.</i>
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Name of Performer/Group: _____

Contact Person: _____

Address: _____

Phone: _____ **Fax:** _____ **E-mail** _____

Web site: _____

Program Description: Write a brief description of your program; note how many performers are in group programs.
List languages available, if any. No more than 50 words please.

Recommended Ages:

Pre-School _____ Lower Elementary _____ Upper Elementary _____ Middle School /YA _____ Adult _____

Length of Program:

Technical and Space Requirements:

Size of Audience:

Program Fee:

Selling books or other merchandise (if yes, please detail what you are selling):

References: (Please list libraries or other organizations where you have previously presented a program within the last 3 years.)

Note: You will be asked if you have insurance and to provide a W-9 form in advance of your performance.

Please return this form to a Calabasas Library Staff Member.