

2010 Course Entertainment Registration Form

1. Name of group/performer: _____

2. Primary contact name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email: _____ Website URL: _____

Phone (day of event): _____

3. Number of people in your group: _____

4. Approximate size of space you will need to perform: _____

5. Type of surface best suited (Circle): **Grass** **Asphalt** **Concrete** **No Preference**

6. Will you need access to electricity? If so, please describe: _____

7. What kind of identification or signage, if any, do you have for your group? _____

Do you plan to display it on the course (circle) YES NO

8. Identify any other special needs or concerns: _____

Promotional Information

How should you or your group be identified in print? _____

Briefly describe your entertainment (i.e. gymnastics group, heavy metal band, country music singer, etc.)

Provide your booking information if different from primary contact: _____

Please return this form, **NO LATER THAN SEPTEMBER 15, 2010** to:

Vision Event Management

Attn: Jenny Dill

13795 Oakwood Court

Carmel, IN 46032

Fax: (317) 213-6112

E-mail: jenny@visioneventmanagement.com