

## 2019 Performance & Demonstration Application

APPLICANT INFORMATION					
Last Name:	First Name:	First Name:			
Group Name:					
What country and/or culture are	e you representing?:				
Address:		Apt./Unit #:			
City:	State:	Zip:			
Home Phone:	Cell Phone:	Cell Phone:			
Email:					

DESCRIPTION OF GROUP OR PERFORMANCE:				

PERF	PERFORMER INFORMATION					
	Performer Name:	Age (Optional):	Style of Dance, Music, or Demo:			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

We want to know you better! Please describe the cultural significance of the performance or demonstration you will be giving. How did you learn to perform them and/or what does it mean regarding cultural or family traditions?:

• HCSCC must receive all applications on or before October 1, 2019.

O Applications must be postmarked by the deadline.

• Return application by mail to:

Historical and Cultural Society of Clay County Attn: Emily Kulzer 202 1st Ave N Moorhead, MN 56560

 Return application by email to: <u>cdr.cassie@outlook.com</u>