

STREET MUSICIANS "BUSKERS" APPLICATION:

NAME: _____

ADDRESS: _____

CITY / STATE ZIP: _____

PHONE: _____ E-MAIL: _____

TYPE OF MUSIC: _____

DATES AVAILABLE FOR PLAY: Thursday, October 7: _____

Friday, October 8: _____

Saturday, October 9: _____

PREFERRED LOCATION: _____

SPECIAL NOTES: Limit to two people and no amplifiers.

ENCLOSED PAYMENT:

Application must be accompanied with \$50.00, either check, credit card or money order.

Credit Card #: _____

Expiration: _____ Security Code: _____

RETURN APPLICATION & PAYMENT TO: Arkansas Blues & Heritage Festival

ATTN: Penny Franklin

PO Box 2398

West Helena, AR 72390

