

# PHOENIXVILLE

*Please Print*

Name \_\_\_\_\_  
(your name)

Address \_\_\_\_\_  
(street, city, zip code)

Phone Number \_\_\_\_\_

E- mail \_\_\_\_\_

How your act is billed \_\_\_\_\_

What is your act \_\_\_\_\_

---

## Dates you would like to perform:

June 5	_____	July 3	_____	August 1	_____
June 6	_____	July 4	_____		
June 12	_____	July 10	_____	August 7	_____
June 13	_____	Blobfest	_____	August 8	_____
June 19	_____	July 17	_____	August 14	_____
June 20	_____	July 18	_____	August 15	_____
June 26	_____	July 24	_____	August 21	_____
June 27	_____	July 25	_____	August 22	_____
		July 31	_____	August 28	_____
				August 29	_____
				September 4	_____

Bands only on Saturday

Solo acts, duos, other acts Friday

Return this form to:

**Main Street CDC**

**PO Box 64**

**Phoenixville PA 19460**

**Or drop it off at 204 Bridge Street in Phoenixville.**