



Illusion Danz Team

You must have contacted an Illusion Danz Team Officer at least **30 calendar days before the performance date to fill out this form and have your request considered.**

Performance Request Form

Applicant Information

Contact Person: _____ Date: _____
Last First M.I.

Organization Name: _____
President of Organization

Event: _____
Name of Event Date Performance time

Phone: () _____ E-mail Address: _____

Best Contact Times: _____

Is your organization at Truman State University?		YES	NO
		<input type="checkbox"/>	<input type="checkbox"/>
Have we performed for this event in the past?	YES	NO	Have we performed for your organization before?
	<input type="checkbox"/>	<input type="checkbox"/>	
Will practice time be given before the performance date?	YES	NO	If so, what date & time?
	<input type="checkbox"/>	<input type="checkbox"/>	_____

Extra Practice Date & Time: _____
When do you need confirmation? _____
Date Time

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to performance, I understand that false or misleading information in the application will release Illusion from performance commitment at the aforementioned event.

Signature: _____ Date: _____

Agreement

This agreement must be signed by your organization's president before the performance date. If it is not returned at least seven calendar days before the performance date, Illusion reserves the right to NOT appear at your event.