

FIESTAS PATRIAS 2016

YO CANTO CON ENCANTO 2016

Karaoke Performer Application Form

Thank you for your interest in participating in Sea Mar Community Health Centers Second Annual Parade as a stage performer at the South Park Community Center on Saturday, September 17, 2016.

Please complete the following information and return it to the address shown below. Staging begins at 9:30 a.m. All participants are required to check in two hours before their time to perform on the schedule or their location in the program will be compromised. The official show begins at 12:00 p.m. You will be contacted as soon as possible with stage information. We will finalize your participation with a confirmation prior to the date of the event.

Name of Participant/ Karaoke Participant	
Address	
Contact Name	
Contact Phone	
Email Address	
Song Selection #1	
Song Selection #2	
Song Selection #3	

Please submit application by Friday, August 1, 2016
Sea Mar Community Health Centers
Attn: Fiestas Patrias – Pablo Blanco, Call Center Manager
14434 Ambaum Blvd. Suite 1 Burien, WA 98166
Fax: 206.812.6144
pabloblancobosques@seamarchc.org

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2016 KARAOKE PERFORMER BIO & SAFETY AGREEMENT

To fully complete the applications please also submit a short bio or description of yourself. This description will be announced to the audience at the time of participation.

Sea Mar Community Health Center is a community-based organization committed to providing quality, comprehensive health and human services to diverse communities, specializing in service to the Latino population. Sea Mar is an agency to serve the community.

As a participant of the Sea Mar parade I understand that I will be responsible for supporting a safe and healthy environment. It is clear to me this event is to encourage a positive community experience to enrich quality of life in South Park.

Sea Mar holds the right to remove me from the parade. I also understand that my float or presentation will be a good match for the Fiestas Patrias theme for 2016 as well as the support Sea Mar's greater mission.

Contact person(s) responsible for group:

Name

Date

Signature

Date