



YO CANTO CON ENCANTO

Karaoke Contest

South Park Community Center
8319 8th Ave S, Seattle, WA 98108

Saturday, September 14, 2019

Karaoke Performer Application Form

Thank you for your interest in participating in Sea Mar Community Health Centers Annual Parade as a stage performer at the South Park Community Center on Saturday, September 14, 2019.

Please complete the following information and return it to the address shown below. Staging begins at 1:00 p.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 2:00 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, September 6, 2019

Attn: Fiestas Patrias – Melissa Bless

Sea Mar Community Health Centers

1516 Sth 11th Street

Tacoma, WA 98405

Email: MeliBless@seamarchc.org



@seamarchc



www.seamar.org/fiestaspatrias



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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 Centers is a community-based organization committed to providing quality, comprehensive health and human services to diverse communities, specializing in service to the Latino population.

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 as well as the support Sea Mar's greater mission.

Contact person(s) responsible for group:

_____	_____	_____
Name	Signature	Date

_____	_____	_____
Name	Signature	Date