

Type the title(s) of your presentation(s) to be performed in the box(es) below that corresponds to the date(s) of your attendance. State the number of mics and the length of time of each presentation.

### May 28

Please indicate type of performance and title:

Song \_\_\_\_\_

Exordium \_\_\_\_\_

Music Recital \_\_\_\_\_

Welcome \_\_\_\_\_

Poetry/Reading \_\_\_\_\_

Dance/Play \_\_\_\_\_

# of mics needed: \_\_\_\_\_

Length of Time: \_\_\_\_\_

### May 29

Please indicate type of performance and title:

Song \_\_\_\_\_

Exordium \_\_\_\_\_

Music Recital \_\_\_\_\_

Welcome \_\_\_\_\_

Poetry/Reading \_\_\_\_\_

Dance/Play \_\_\_\_\_

# of mics needed: \_\_\_\_\_

Length of Time: \_\_\_\_\_

### May 30

Please indicate type of performance and title:

Song \_\_\_\_\_

Exordium \_\_\_\_\_

Music Recital \_\_\_\_\_

Welcome \_\_\_\_\_

Poetry/Reading \_\_\_\_\_

Dance/Play \_\_\_\_\_

# of mics needed: \_\_\_\_\_

Length of Time: \_\_\_\_\_

### May 31

Please indicate type of performance and title:

Song \_\_\_\_\_

Exordium \_\_\_\_\_

Music Recital \_\_\_\_\_

Welcome \_\_\_\_\_

Poetry/Reading \_\_\_\_\_

Dance/Play \_\_\_\_\_

# of mics needed: \_\_\_\_\_

Length of Time: \_\_\_\_\_

### June 1

Please indicate type of performance and title:

Song \_\_\_\_\_

Exordium \_\_\_\_\_

Music Recital \_\_\_\_\_

Welcome \_\_\_\_\_

Poetry/Reading \_\_\_\_\_

Dance/Play \_\_\_\_\_

# of mics needed: \_\_\_\_\_

Length of Time: \_\_\_\_\_

### June 2

Please indicate type of performance and title:

Song \_\_\_\_\_

Exordium \_\_\_\_\_

Music Recital \_\_\_\_\_

Welcome \_\_\_\_\_

Poetry/Reading \_\_\_\_\_

Dance/Play \_\_\_\_\_

# of mics needed: \_\_\_\_\_

Length of Time: \_\_\_\_\_

### June 3

Please indicate type of performance and title:

Song \_\_\_\_\_

Exordium \_\_\_\_\_

Music Recital \_\_\_\_\_

Welcome \_\_\_\_\_

Poetry/Reading \_\_\_\_\_

Dance/Play \_\_\_\_\_

# of mics needed: \_\_\_\_\_

Length of Time: \_\_\_\_\_

**Each presentation should not exceed 7 minutes per night!**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

- ▶ All performances must be submitted on video formats with the type-written words.
- ▶ Your feast performance(s) must be identical to your submission(s).

Please send your submission(s) by **April 28, 2017** to:

**The Feast Committee**  
**P. O. Box 1138**  
**Seguin, TX 78156**