

PERFORMANCE SUBMISSIONS

Please check who this form is applicable to: Individual Parent with child(ren) Group

GROUPS: If you have submissions for more than one group, please fill out a separate form for each group. If you need additional forms, please visit our website at www.yahwehbenyahweh.com, and click on the **Feasts of יהוה** button. Only one contact person is permitted to submit this form, all video formats, and type-written words for the group (even if participants are in various cities).

SUBMISSION GUIDELINES:

- Each performance must not exceed **seven** minutes.
- All performances must be submitted on **video formats** with the **type-written words**.
- Your live performance(s) must be identical to your mailed-in submission(s).
- **Any performance(s) received without paid registration is immediately denied.**
- Your submitted performance dates must match your paid registration dates.

EXORDIUMS	Length of Time	Tue Sep 29	Wed Sep 30	Thu Oct 1	Fri Oct 2	Sat Oct 3	Sun Oct 4	Mon Oct 5	Tue Oct 6
Name of person:	___ : ___	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of person:	___ : ___	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of person:	___ : ___	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

WELCOMES	Length of Time	Tue Sep 29	Wed Sep 30	Thu Oct 1	Fri Oct 2	Sat Oct 3	Sun Oct 4	Mon Oct 5	Tue Oct 6
Name of person:	___ : ___	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of person:	___ : ___	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of person:	___ : ___	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PERFORMANCE TITLE	Tue Sep 29	Wed Sep 30	Thu Oct 1	Fri Oct 2	Sat Oct 3	Sun Oct 4	Mon Oct 5	Tue Oct 6
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Description	<input type="checkbox"/> Song <input type="checkbox"/> Poem <input type="checkbox"/> Dance <input type="checkbox"/> Play <input type="checkbox"/> Recitation		___ # of mics		___ : ___ Length of Time			
Names of participants in group performance (if any):								

PERFORMANCE TITLE	Tue Sep 29	Wed Sep 30	Thu Oct 1	Fri Oct 2	Sat Oct 3	Sun Oct 4	Mon Oct 5	Tue Oct 6
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Description	<input type="checkbox"/> Song <input type="checkbox"/> Poem <input type="checkbox"/> Dance <input type="checkbox"/> Play <input type="checkbox"/> Recitation		___ # of mics		___ : ___ Length of Time			
Names of participants in group performance (if any):								

CONTACT INFORMATION

Submitted by: _____ Group Name (if any): _____

Address: _____

City: _____ State: _____ Zip: _____

Contact Phone: _____ Email: _____