

# PERFORMANCE SUBMISSION(S)

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](http://www.yahwehbenyahweh.com), and click on the **Feasts of הַחַדְשִׁים** 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	Sun Sep 29	Mon Sep 30	Tue Oct 1	Wed Oct 2	Thu Oct 3	Fri Oct 4	Sat Oct 5	Sun Oct 6
Name of person:	___ : ___	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
Name of person:	___ : ___	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
Name of person:	___ : ___	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes

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

PERFORMANCE TITLE	Sun Sep 29	Mon Sep 30	Tue Oct 1	Wed Oct 2	Thu Oct 3	Fri Oct 4	Sat Oct 5	Sun Oct 6
	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
<b>Description</b>	<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):								

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	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
<b>Description</b>	<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		
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<b>Description</b>	<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):								

## COTACT INFORMATION

Submitted by: \_\_\_\_\_ Group Name (if any): \_\_\_\_\_

Address: \_\_\_\_\_

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

Contact Phone: \_\_\_\_\_ Email: \_\_\_\_\_