

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, and click on the **Feasts of יהודה** 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	Mon Sep 29	Tue Sep 30	Wed Oct 1	Thu Oct 2	Fri Oct 3	Sat Oct 4	Sun Oct 5	Mon Oct 6
Name of person:	_____ min	<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:	_____ min	<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:	_____ min	<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	Mon Sep 29	Tue Sep 30	Wed Oct 1	Thu Oct 2	Fri Oct 3	Sat Oct 4	Sun Oct 5	Mon Oct 6
Name of person:	_____ min	<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:	_____ min	<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:	_____ min	<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	Mon Sep 29	Tue Sep 30	Wed Oct 1	Thu Oct 2	Fri Oct 3	Sat Oct 4	Sun Oct 5	Mon 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
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: _____ min	
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
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: _____ min	
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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: _____ min	
Names of participants in group performance (if any):								

CONTACT INFORMATION

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

Address: _____

City: _____ State: _____ Zip: _____

Contact Phone: _____ Email: _____