

יהוה בן יהוה
IS EXALTED AS HEAD
ABOVE ALL
1 CHRONICLES 29:11

יהוה בן יהוה CAUSETH RIGHTEOUSNESS TO SPRING FORTH
ISAIAH 61:11

Shalom. You are formally summoned by יהוה בן יהוה to keep the Feast of Weeks; the second of three ordained events at which the House of יהוה בן יהוה is to appear before the Lord, יהוה, in the place which He shall choose (Deuteronomy 16:16).

Yes, this is a formal summons or what is commonly referred to as a citation. Most are familiar with the term citation as an order to come to court. However, a citation is also used to name a source, to give credit to the original author, and to publicly praise someone's actions.

So how does this relate to keeping the Feast of Weeks? Well, יהוה בן יהוה who is **Exalted as Head Above All**, has issued an order that you come before the High Court of His Father, יהוה, for this illustrious gathering, which requires advance preparation (1 Chronicles 29:11).

And, as you make your preparations to be present, you are to pause from the daily grind of operating your businesses and pursuing money to recognize that it is the Lord, יהוה, our God who gives you the power to get wealth in the first place (Deuteronomy 8:18).

In addition, you are to stop to give glorious credit and majesty unto the Lord, יהוה, our God as the Author, the Originator, and the Creator of the Earth from which comes our crops that is food for both ourselves and our livestock.

In fact, you are to take the time, while you are making arrangements for accommodations, etcetera, to publicly praise יהוה for being the Horn of our Salvation, our Fortress

and High Tower, our Rock and Strength, plus our Shield and Deliverer from the turmoil and chaos of this world; it is in Him we trust (Psalm 18:2).

As we honor the summons to come to the Feast of Weeks, we are also to remember not to come empty. We are to bring, as we are able, an offering, as well as the first of the firstfruits of our land according to the blessings that the Lord, יהוה, has bestowed upon us (Exodus 34:26; Deuteronomy 16:16-17).

These are the words יהוה commanded His servant Moses to write as the essence of His covenant with Israel, and these are the words יהוה has commanded His Beloved Son, יהוה בן יהוה, to speak to Israel today, for we have become a stiff-necked people that had even forgotten יהוה, our God, who formed us (Exodus 34:27; Deuteronomy 9:13, 32:18).

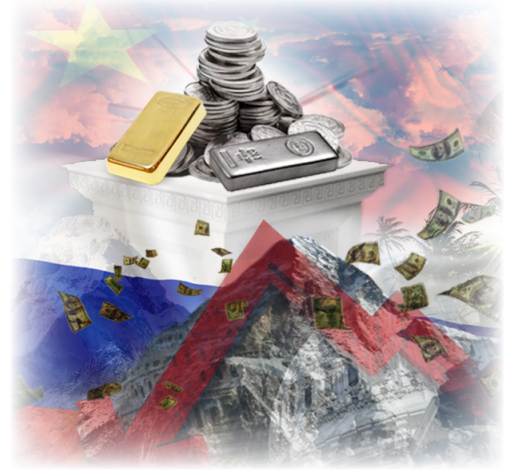
But through the obedience of יהוה בן יהוה, יהוה **Causeth Righteousness to Spring Forth**. We have been restored to the knowledge of the covenant—learning the commandments, judgments, laws, and statutes of יהוה. Thus, we now know to celebrate and commemorate the Feast of Weeks as prescribed annually (2 Chronicles 8:13; Isaiah 61:11).

So, where will you be May 28 through June 3, 2025? We pray that it will be at the Feast of Weeks to be held at the Embassy Suites Hotel, Houston West-Katy, Texas.

Remember, the requirement for **advance registration is strictly enforced**; no walk-ins; no exceptions.

AS OF
MAY 6, 2025
22 DAYS LEFT

As Israel, you would never think of coming to a city and not staying at the place where יהוה chooses to place His name.
 יהוה בן יהוה in *A Global Call To The Remnant* on pages 117-18



WE ARE THE FAMILY OF יהוה. THEREFORE, COME TOGETHER IN THE "ONE" PLACE THAT יהוה HAS CHOSEN TO PLACE HIS NAME THAT WE MIGHT COMFORT AND EDIFY ONE ANOTHER, THAT OUR HEARTS MIGHT BE COMFORTED, BEING KNIT TOGETHER IN LOVE AS "ONE" FAMILY (1 THESSALONIANS 5:11; COLOSSIANS 2:2).

The feast guest chamber is the luxurious **Embassy Suites Houston West-Katy**. This modern, all suite hotel is conveniently located on the south side of I-10. Take the *Park Ten* exit heading from either east or west on I-10. It is only 30 miles from George Bush Intercontinental Airport and 35 miles from William P. Hobby Airport. Guests will enjoy an upscale experience and feel right at home with the spacious two-room suites.



EMBASSY SUITES
 HOUSTON WEST-KATY
 16435 KATY FREEWAY
 HOUSTON, TX 77094
 (281) 398-0900

CONVENTION DATES

MAY 28 - JUNE 3, 2025

Pre-registration for **Feast of Weeks** is \$790 per person for 7 days. **Pre-register** by May 8, 2025, and **SAVE \$80**. After May 8, 2025, the registration fee is \$870 for 7 days or a \$130 daily rate. Last date to register is May 12, 2025.

Pre-registration, housing, and meals for **Feast of Weeks** is \$1,520 per person for 7 days. **Pre-register** by May 8, 2025 and **SAVE \$150**. *PLEASE SEE CONVENTION REGISTRATION FORMS FOR A COMPLETE LIST OF RATES.

For יהוה בן יהוה daily gives wisdom; from out of His mouth cometh knowledge and understanding. Eat the words of יהוה בן יהוה daily and live! For man shall not live by bread alone, but by "every word" that proceedeth out of the mouth of יהוה בן יהוה daily
 (Proverbs 2:6; Matthew 4:4).



JOIN US IN A "SPIRITUAL" BANQUET AND RELISH IN OUR SAVORY NIGHTLY CLASSES AND DELECTABLE DAILY SEMINARS AS YOU EAT TO THE FULL. BE SURE TO TRAVEL WITH YOUR *STUDY TOOLS* SO THAT YOU MAY PARTICIPATE IN ALL OF OUR FAMILY STUDY SESSIONS!!



REMEMBER: Our Feast is an Holy Occasion—Please dress appropriately!

FULL CULTURE
 OR **BUSINESS ATTIRE**

MENU FOR FEAST OF WEEKS 6028

MAY 29

Split Pea Soup
Garden Salad with green leaf lettuce, cucumbers, cherry tomatoes, carrots, and cheddar cheese
Red Beans with Yellow Rice
Roasted Brussels Sprouts
Cornbread Muffins
Peach Cobbler
Herbal Tea/Coffee

MAY 30

Carrot Ginger Soup
Green Salad with Grape tomatoes, cucumbers, heart of palms, artichoke, Pepperoncini, onions, and green olives
Chickpea and Spinach Curry with White Basmati Rice
Grilled Asparagus
Naan Bread
Vegan Brownies
Herbal Tea/Coffee

MAY 31

French Onion Soup
Greek Salad with cherry tomatoes, cucumber, red onions, green bell peppers, kalamata olives, and feta cheese
Navy Beans with White Basmati Rice
Vegetable Stir-Fry
Brioche Rolls
Apple Pie
Herbal Tea/Coffee

JUNE 1

Minestrone Soup
Ceasar Salad with romaine lettuce, parmesan cheese, onions, and croutons
Pasta Primavera tossed in garlic, olive oil, red bell pepper, zucchini, squash, broccoli florets, and cherry tomatoes with creamy pea sauce (on the side)
Garlic Butter Green Beans
Garlic Knots
Keylime Pie
Herbal Tea/Coffee

JUNE 2

Potato Leek Soup
Green salad with mixed greens, avocado, carrots, red peppers, onions, cilantro, and lime
Black Beans and Corn with Red Rice
Vegetable Enchiladas with Salsa (on the side)
Sweet Plantains
Assorted Cookies
Herbal Tea/Coffee

JUNE 3

Hearty Vegetable Soup
Green salad with red leaf lettuce, grape tomatoes, red onions, black olives, mozzarella, and onions
Vegetarian Chili with White Basmati Rice
Sautéed Spinach with garlic Spinach Puffs
Chocolate-Dipped Strawberries
Herbal Tea/Coffee



BREATH OF LIFE SYSTEMS

provides transportation to and from the William P. Hobby Airport.

\$80 per person (round trip)
\$60 per person (one way)

*Children age 3 and under free

If you need transportation to and from the George Bush Intercontinental Airport, you must call for **availability and pricing.**

A \$10 discount per person will apply to a family of 5 or more within the same household.

To make reservations, please call (702) 300-4452 or email to nachshownyisrael@gmail.com.

***Must call or email at least 24 hours in advance to make reservations.**

HOTEL PARKING

Self Parking
Outdoor Parking Lot

SPECIAL NOTICE!

We kindly ask that you contact us via email to let us know that "something is on the way" after mailing in your registration and/or feast performance(s). This will notify us that you have sent such and we will be on the lookout for it. Please use the address below:

feastcommittee@satx.rr.com

CANCELLATION POLICY

If you make reservations to stay at the host hotel during our feast and/or register for our nightly classes and will not arrive on the date stated on your registration form (flight canceled, will not be able to attend, and so on), please notify The Feast Committee 48 HOURS IN ADVANCE so we can cancel your room reservation or your ballroom seating reservation. If you fail to do this, you

will be billed for the hotel room or not receive a registration refund. To cancel, you must call **The Feast Committee Registration Office** at **(832) 349-4203** after May 18, 2025.

NO REFUNDS ON ADVANCED RESERVATIONS IF THE ABOVE PROCEDURES ARE NOT FOLLOWED.

IF YOU ARE UNABLE TO ATTEND THE FEAST, PLEASE VISIT THE "NEW PRODUCTS" PAGE OF OUR ON-LINE BOOKSTORE AT YAHWEHBENYAHWEH.COM TO PLACE AN ORDER.

FEAST PERFORMANCE GUIDELINES

In keeping with the standards that יהוה בן יהוה established for our nation, The Feast Committee has instituted the following performance guidelines to ensure that we continue to show respect and reverence toward His moral teachings. Therefore, to be in accord with Titus 2:1-8, 10, all—adults as well as children—wishing to perform during our nightly program must adhere to the performance criteria listed below:

A. Our Feast of Weeks 6028 theme is: **“יהוה Causeth Righteousness To Spring Forth”** (Isaiah 61:11) and our overall theme for the year is: **“יהוה בן יהוה Is Exalted As Head Above All”** (1 Chronicles 29:11). All performances must reflect research done on either the themes, the feast, KJV Bible stories, or parables. **The use of on-line dictionaries and thesauruses are prohibited as credible sources of reference.**

All performers must wear either “full” culture or “full” business attire. All diadems worn must have the standard “V” wrap. No sheer or revealing fabrics, as well as no form-fitting, low-cut, or form-showing garments should be worn. Sisters must wear long, ankle-length, free-flowing outer cultural garments (tops, skirts, or dresses). Brothers must wear loose-fitting, ankle-length cultural pants. Arms must

be covered, and legs must be covered with appropriate leg stockings. No one with unclean garments, shoes, or diadems, and wearing false fingernails and makeup—lip gloss, lip stick, mascara, eye shadow, and the like—will be permitted to perform.

B. All performers must submit a video format for all proposed performances. Video formats must be qualitative, audible, and accompanied by the type-written words/lyrics of the song, recitation, poem, play, and music voiceovers. Voiceovers should be readings or recitations that are in accord with paragraph one of section A of our guidelines. Your performance must not exceed seven (7) minutes. No rough drafts will be accepted. All submissions must be in their “final” stage.

C. Recitations: All recitations, plays, poems, welcomes, exordiums, including HIA, must adhere to paragraphs A and B above.

D. Music/Songs: All singers and musicians must adhere to paragraphs A and B above. In addition, no singing or playing of secular (worldly) songs to יהוה בן יהוה or יהוה. **Except for spirituals created before 1920, the use of secular samples, melodies, or any portion of worldly music as original compositions is prohibited. Any one found violating this guideline shall be suspended from performing.** Music choices are: יהוה music and “original” songs, instrumentals, and/or jazz

compositions. All instrumental and jazz compositions must be accompanied by Scriptural or poetic voiceovers. (Persons doing the voiceovers, if not appearing on the stage, do not have to appear on your video submission.)

E. Dances: All dancers must adhere to paragraphs A and B above. In addition, dances must have a moral message. All instrumental dance music must be accompanied by voiceovers as stated in paragraph D. Dances must exemplify cultural connotations that represent the principles of chastity as taught by יהוה בן יהוה. Body movements should not be suggestive or sexually explicit, i.e., hip thrusts, hip rolls, gyrations, or clutching of the breast or crotch area.

All performances must be sent to The Feast Committee by **May 12, 2025. Any performance received without registration is denied.** The Feast Committee will respond to all unacceptable performance. Please mail your performance(s) to **The Feast Committee, P.O. Box 1138, Seguin, TX 78156.**



CONVENTION REGISTRATION

REGISTRATION REQUIRED. NO WALK-INS.

ONE FORM PER REGISTRANT.

Please type or print

Brother Sister Name: _____

Name Preferred on Badge: _____ **This is my first Feast**

Address: _____

City: _____ State: _____ Zip: _____

Contact Phone: _____ Email: _____

Number of Children: _____ Ages: _____, _____, _____, _____, _____, _____, _____, _____, _____

7-DAY PACKAGE DEALS <i>(18 years and above)</i>	By May 8	After May 8
Registration/Housing/Meals Package Includes registration, housing reservations, and 6 daily meals	<input type="checkbox"/> \$1,520	<input type="checkbox"/> \$1,670
Registration/Housing Package Includes registration and housing reservations	<input type="checkbox"/> \$1,335	<input type="checkbox"/> \$1,485
Registration Package	<input type="checkbox"/> \$790	<input type="checkbox"/> \$870
6-Day Meal Package	<input type="checkbox"/> \$198	<input type="checkbox"/> \$198

NOTE: No personal checks will be accepted. (Checks will be promptly returned to you without notification. If the replacement money order or cashier's check is not postmarked by May 8, 2025, you must pay the regular registration rate.) **NO PARTIAL PAYMENTS.**

MAIL FORM AND PAYMENT TO:

THE FEAST COMMITTEE
P. O. Box 1138
Seguin, TX 78156
PHONE: (210) 678-3062

**THE LAST DATE TO MAIL YOUR REGISTRATION
TO THE FEAST COMMITTEE
IS MAY 12, 2025.**

DAILY RATES - BY MAY 8 <i>(18 years and above)</i>	Wed May 28	Thur May 29	Fri May 30	Sat May 31	Sun June 1	Mon June 2	Tue June 3	Sub-Total
Daily Registration/Housing/Meal Includes registration, housing reservation, and 1 daily meal	X	<input type="checkbox"/> \$240	<input type="checkbox"/> \$240	<input type="checkbox"/> \$240	<input type="checkbox"/> \$240	<input type="checkbox"/> \$240	<input type="checkbox"/> \$240	\$_____
Daily Registration/Housing Includes registration and housing reservation	<input type="checkbox"/> \$215	<input type="checkbox"/> \$215	<input type="checkbox"/> \$215	<input type="checkbox"/> \$215	<input type="checkbox"/> \$215	<input type="checkbox"/> \$215	<input type="checkbox"/> \$215	\$_____
Daily Registration	<input type="checkbox"/> \$120	<input type="checkbox"/> \$120	<input type="checkbox"/> \$120	<input type="checkbox"/> \$120	<input type="checkbox"/> \$120	<input type="checkbox"/> \$120	<input type="checkbox"/> \$120	\$_____
Daily Meal	X	<input type="checkbox"/> \$33	<input type="checkbox"/> \$33	<input type="checkbox"/> \$33	<input type="checkbox"/> \$33	<input type="checkbox"/> \$33	<input type="checkbox"/> \$33	\$_____

DAILY RATES - AFTER MAY 8 <i>(18 years and above)</i>	Wed May 28	Thur May 29	Fri May 30	Sat May 31	Sun June 1	Mon June 2	Tue June 3	Sub-Total
Daily Registration/Housing/Meal Includes registration, housing reservation, and 1 daily meal	X	<input type="checkbox"/> \$260	<input type="checkbox"/> \$260	<input type="checkbox"/> \$260	<input type="checkbox"/> \$260	<input type="checkbox"/> \$260	<input type="checkbox"/> \$260	\$_____
Daily Registration/Housing Includes registration and housing reservation	<input type="checkbox"/> \$235	<input type="checkbox"/> \$235	<input type="checkbox"/> \$235	<input type="checkbox"/> \$235	<input type="checkbox"/> \$235	<input type="checkbox"/> \$235	<input type="checkbox"/> \$235	\$_____
Daily Registration	<input type="checkbox"/> \$130	<input type="checkbox"/> \$130	<input type="checkbox"/> \$130	<input type="checkbox"/> \$130	<input type="checkbox"/> \$130	<input type="checkbox"/> \$130	<input type="checkbox"/> \$130	\$_____
Daily Meal	X	<input type="checkbox"/> \$33	<input type="checkbox"/> \$33	<input type="checkbox"/> \$33	<input type="checkbox"/> \$33	<input type="checkbox"/> \$33	<input type="checkbox"/> \$33	\$_____

HOTEL RESERVATION INFORMATION

(For persons staying at the Embassy Suites Hotel.)

**ROOMS ARE DOUBLE OCCUPANCY. LIMITED
ROOMS ARE AVAILABLE.**

Hotel check-in time: 4:00 pm, May 28

Hotel check-out time: 11:00 am, June 4

Name for Hotel Reservation:

Check-In Date: _____
Check-Out Date: _____

EXTRAS	Amount	Number	Sub-Total
Early Arrivals - Before May 28	<input type="checkbox"/> \$178 per night	_____	\$_____
Late Departures - After June 3	<input type="checkbox"/> \$178 per night	_____	\$_____

TOTAL ENCLOSED: \$ _____

MONEY ORDER(S) CASHIER'S CHECK(S)
MAKE PAYABLE TO: THE FEAST COMMITTEE

SINGLE PARENT WITH CHILD(REN) OR IF YOU PREFER SINGLE-HOUSING

REGISTRATION REQUIRED. NO WALK-INS.

ONE FORM PER REGISTRANT.

Please type or print

Brother Sister Name: _____

Name Preferred on Badge: _____ **This is my first Feast**

Address: _____

City: _____ State: _____ Zip: _____

Contact Phone: _____ Email: _____

Number of Children: _____ Ages: _____, _____, _____, _____, _____, _____, _____, _____, _____

7-DAY PACKAGE DEALS <i>(18 years and above)</i>	By May 8	After May 8
Registration/Housing/Meals Package Includes registration, housing reservations, and 6 daily meals	<input type="checkbox"/> \$2,085	<input type="checkbox"/> \$2,235
Registration/Housing Package Includes registration and housing reservations	<input type="checkbox"/> \$1,870	<input type="checkbox"/> \$2,020
Registration Package	<input type="checkbox"/> \$790	<input type="checkbox"/> \$870
6-Day Meal Package	<input type="checkbox"/> \$198	<input type="checkbox"/> \$198

NOTE: No personal checks will be accepted. (Checks will be promptly returned to you without notification. If the replacement money order or cashier's check is not postmarked by May 8, 2025, you must pay the regular registration rate.) **NO PARTIAL PAYMENTS.**

MAIL FORM AND PAYMENT TO:

THE FEAST COMMITTEE
P. O. Box 1138
Seguin, TX 78156
PHONE: (210) 678-3062

THE LAST DATE TO MAIL YOUR REGISTRATION TO THE FEAST COMMITTEE IS MAY 12, 2025.

DAILY RATES - BY MAY 8 <i>(18 years and above)</i>	Wed May 28	Thur May 29	Fri May 30	Sat May 31	Sun June 1	Mon June 2	Tue June 3	Sub-Total
Daily Registration/Housing/Meal Includes registration, housing reservation, and 1 daily meal	X	<input type="checkbox"/> \$305	<input type="checkbox"/> \$305	<input type="checkbox"/> \$305	<input type="checkbox"/> \$305	<input type="checkbox"/> \$305	<input type="checkbox"/> \$305	\$ _____
Daily Registration/Housing Includes registration and housing reservation	<input type="checkbox"/> \$280	<input type="checkbox"/> \$280	<input type="checkbox"/> \$280	<input type="checkbox"/> \$280	<input type="checkbox"/> \$280	<input type="checkbox"/> \$280	<input type="checkbox"/> \$280	\$ _____
Daily Registration	<input type="checkbox"/> \$120	<input type="checkbox"/> \$120	<input type="checkbox"/> \$120	<input type="checkbox"/> \$120	<input type="checkbox"/> \$120	<input type="checkbox"/> \$120	<input type="checkbox"/> \$120	\$ _____
Daily Meal	X	<input type="checkbox"/> \$33	<input type="checkbox"/> \$33	<input type="checkbox"/> \$33	<input type="checkbox"/> \$33	<input type="checkbox"/> \$33	<input type="checkbox"/> \$33	\$ _____

DAILY RATES - AFTER MAY 8 <i>(18 years and above)</i>	Wed May 28	Thur May 29	Fri May 30	Sat May 31	Sun June 1	Mon June 2	Tue June 3	Sub-Total
Daily Registration/Housing/Meal Includes registration, housing reservation, and 1 daily meal	X	<input type="checkbox"/> \$325	<input type="checkbox"/> \$325	<input type="checkbox"/> \$325	<input type="checkbox"/> \$325	<input type="checkbox"/> \$325	<input type="checkbox"/> \$325	\$ _____
Daily Registration/Housing Includes registration and housing reservation	<input type="checkbox"/> \$300	<input type="checkbox"/> \$300	<input type="checkbox"/> \$300	<input type="checkbox"/> \$300	<input type="checkbox"/> \$300	<input type="checkbox"/> \$300	<input type="checkbox"/> \$300	\$ _____
Daily Registration	<input type="checkbox"/> \$130	<input type="checkbox"/> \$130	<input type="checkbox"/> \$130	<input type="checkbox"/> \$130	<input type="checkbox"/> \$130	<input type="checkbox"/> \$130	<input type="checkbox"/> \$130	\$ _____
Daily Meal	X	<input type="checkbox"/> \$33	<input type="checkbox"/> \$33	<input type="checkbox"/> \$33	<input type="checkbox"/> \$33	<input type="checkbox"/> \$33	<input type="checkbox"/> \$33	\$ _____

HOTEL RESERVATION INFORMATION

(For persons staying at the Embassy Suites Hotel.)

LIMITED ROOMS ARE AVAILABLE.

Hotel check-in time: 4:00 pm, May 28

Hotel check-out time: 11:00 am, June 4

Name for Hotel Reservation: _____

Check-In Date: _____

Check-Out Date: _____

EXTRAS	Amount	Number	Sub-Total
Early Arrivals - Before May 28	<input type="checkbox"/> \$178 per night	_____	\$ _____
Late Departures - After June 3	<input type="checkbox"/> \$178 per night	_____	\$ _____

TOTAL ENCLOSED: \$ _____

MONEY ORDER(S) CASHIER'S CHECK(S)
MAKE PAYABLE TO: THE FEAST COMMITTEE

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 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	Wed May 28	Thur May 29	Fri May 30	Sat May 31	Sun June 1	Mon June 2	Tue June 3
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
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
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

WELCOMES	Length of Time	Wed May 28	Thur May 29	Fri May 30	Sat May 31	Sun June 1	Mon June 2	Tue June 3
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
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
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

PERFORMANCE TITLE	Wed May 28	Thur May 29	Fri May 30	Sat May 31	Sun June 1	Mon June 2	Tue June 3
	<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
Names of participants in group performance (if any):			

PERFORMANCE TITLE	Wed May 28	Thur May 29	Fri May 30	Sat May 31	Sun June 1	Mon June 2	Tue June 3
	<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
Names of participants in group performance (if any):			

PERFORMANCE TITLE	Wed May 28	Thur May 29	Fri May 30	Sat May 31	Sun June 1	Mon June 2	Tue June 3
	<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
Names of participants in group performance (if any):			

CONTACT INFORMATION

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

Address: _____

City: _____ State: _____ Zip: _____

Contact Phone: _____ Email: _____