



# 2018 Sounds of the Season

## 2018 Guest Artist Application

Performing Group Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Organization Name: \_\_\_\_\_

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

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

Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Type of Organization:  School  Church  Other: (specify) \_\_\_\_\_

Type of Performance:  Band  Choir  Dance  Other: \_\_\_\_\_

Number of Performers: \_\_\_\_\_ Special access needs: \_\_\_\_\_

Technology needs: \_\_\_\_\_

**Performance Date & Time Request:**  
 Early (3pm— 5pm)    Late (5—8 pm)

REQUEST	DATE	TIME
Request 1		
Request 2		
Request 3		

I have read all of the event information carefully and understand what is required of my group. My group will meet all requirements set forth, and I will have secured all necessary written approvals from the SFA Entertainment Department prior to my group's performance. I understand that failure to comply with any request may prevent my group from returning to Six Flags America for future Guest Artist promotions.

\_\_\_\_\_  
 Group Contact's Signature

\_\_\_\_\_  
 Date

Return to Jackie Amick at:  
 Jamick@sftp.com or FAX—301-867-0535