



2020 SOUNDS OF THE SEASONS

2020 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 Lexus Padgett at:
 Lpadgett@sftp.com or FAX—301-867-0535