VARIETY/ STROLLING SHOWCASE APPLICATION

Please complete the entire application. Group contact will receive all Showcase related correspondence.

Name of group:		Number of people in group:		
Contact name:				
Address:				
City:	State:		Zip:	
Phone: ()	Fax: ()		Cell: ()	
Contact email:		Website:		
	oup is represented by: (circle			
Brief description to be used in	promotional materials: (30	words or less)		
	Performance	e fee range: (circle one)		
UNDER \$500 \$	501-\$1,000 \$1,001-\$2,5	\$00 \$2,501-\$5,000	\$5,001-\$10,000	\$10,000 +
Please provide a brief descrip	tion of fees charged:			
	cation must be accompanied by k • Photo suitable for print		ments/special accommo	odations
	s: \$25 Application Fee ● \$350 tendees to the 2024 WFA Conv		case fee	
Credit card number:			Exp:	
Name on card:				
Billing ZIP code:				
Signature:				

<u>Applications and support materials are due November 1.</u> All submissions will be reviewed by the selection committee and all applicants will be notified via email no later than the week of November 15. Support materials will not be returned. Questions? Please contact WFA by email or phone.

