

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	Thu Sep 29	Fri Sep 30	Sat Oct 1	Sun Oct 2	Mon Oct 3	Tue Oct 4	Wed Oct 5	Thu Oct 6
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	<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	<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	<input type="checkbox"/> Yes

WELCOMES	Length of Time	Thu Sep 29	Fri Sep 30	Sat Oct 1	Sun Oct 2	Mon Oct 3	Tue Oct 4	Wed Oct 5	Thu Oct 6
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	<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	<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	<input type="checkbox"/> Yes

PERFORMANCE TITLE	Thu Sep 29	Fri Sep 30	Sat Oct 1	Sun Oct 2	Mon Oct 3	Tue Oct 4	Wed Oct 5	Thu 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			
Names of participants in group performance (if any):								

PERFORMANCE TITLE	Thu Sep 29	Fri Sep 30	Sat Oct 1	Sun Oct 2	Mon Oct 3	Tue Oct 4	Wed Oct 5	Thu 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			
Names of participants in group performance (if any):								

PERFORMANCE TITLE	Thu Sep 29	Fri Sep 30	Sat Oct 1	Sun Oct 2	Mon Oct 3	Tue Oct 4	Wed Oct 5	Thu 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			
Names of participants in group performance (if any):								

CONTACT INFORMATION

Submitted by: _____ Group Name (if any): _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Contact Phone: _____ Email: _____