



## Entertainment Registration Request

Please complete form and return to:  
City of Lake Dallas  
Special Events Coordinator  
212 Main Street  
Lake Dallas, TX 75065  
[jchapman@lakedallas.com](mailto:jchapman@lakedallas.com)  
Fax: (940) 497-4485

PERFORMER NAME: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

\_\_\_\_\_  
City State Zip

E-MAIL ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

DESCRIPTION OF ENTERTAINMENT INCLUDING NUMBER OF PERFORMERS AND TECHNICAL SET-UP NEEDS:  
\_\_\_\_\_  
\_\_\_\_\_

**EVENT DAY PREFERENCE:**  
 Saturday, September 11<sup>th</sup>  
 Sunday, September 12<sup>th</sup>

**AMOUNT OF TIME PREFERRED:**  
 15 minutes  
 30 minutes  
 45 minutes  
 1 hour

**PERFORMANCE TIME PREFERENCE:**  
 Morning (10:30 am - noon)  
 Early Afternoon (1 pm - 3 pm)

By signing this form I understand that this is a non-paying performance and that performers assume all liability for any injury or damage caused, or claiming to be caused, by participation in the WaterFest at Willow Grove. By participating in this event, performers agree to adhere to State and City laws as well as the official rules of Willow Grove Park of Lake Dallas.

\_\_\_\_\_  
Signed Print Name Date