



612 W. Adams Street
Iron River, MI 49935

Number: _____

Date: _____

OPEN MIKE NIGHT

PERFORMANCE APPLICATION

Name/Group _____

Address _____

City _____ State _____ Zip _____

Phone _____ E-mail _____

Performance Information:

Accomplishments:

Other:

Check Performance Dates Desired: 7:00 p.m. show times.

_____ April 2011
_____ March 2011
_____ April 2011
_____ May 2011
_____ June 2011
_____ July 2011
_____ August 2011

Return form by fax to: 906-875-0657 or E-mail to edc@iron.org or msue36@msu.edu