



Performer Registration Form

Thank you for your interest in participating in the Nashville Cherry Blossom Festival!

Organization / Company Name:	
Contact Person:	Title of Contact Person:
Mailing Address:	
Telephone Number(s):	Fax Number:
Email Address:	Website Address:
What will you or your organization do at Nashville Cherry Blossom Festival?	
How would you like your name / your organization's name to appear in the festival program?	
Approximately how many members of your organization will be participating at the festival?	
Will your organization be selling any items? Yes No If so, what?	
Does your organization have non-profit, tax-exempt status? Yes No	
Will your organization need any of the following? Electrical Outlet Access to Changing Area Volunteer Assistance Other , <i>Please specify:</i>	
Performances will be held from 10 AM – 4 PM: How long is your performance?	
What times, if any, are you not available to perform?	
Do you have any other requests / suggestions / questions?	

Please return this form to: Japan-America Society of Tennessee
 c/o Emily Winckler, P.O. Box 19046, Nashville, TN 37219
 Email: ewinckler@jastn.com Phone: (615)879-8727