

**MISSOURI ASSOCIATION OF FAIRS AND FESTIVALS
2012 Showcase Request and Information Sheet**

Return to :

M.A.F.F.

941 East Rodney

Cape Girardeau, Mo. 63701

This questionnaire is designed to provide the acts with the best possible opportunity to Maximize your showcase request. Please complete both pages and return by December 12, 2011..

NAME OF ARTIST/ACT _____

REPRESENTED BY _____

AGENTS NAME _____

AGENTS E-MAIL ADDRESS _____

AGENTS PHONE _____ **CELL** _____

ARTIST/ACT CONTACT PERSON _____ **CELL** _____

PREFERRD PERFORMANCE TIME : Rank 1, 2, or 3 in order of preference. Please fill in all three spaces. If your act is absolutely not available for a particular time slot please indicate N/A.

FRIDAY (27th)____ **SAT. LUNCH (28th)**____ **SAT. EVENING (28th)** _____

***Showcase will supply a sound technician. Each act may provide sound tech assistance however sound tech will be responsible person.**

***Does act wish to be schedule for sound check Yes / No**

***If act does not wish to sound check acts representative must be present at schedule production meeting**

•For introduction purposes please attach a separate 8 ½ x 11 sheet with the artists/acts name and your introduction in printed bold type.

•Please limit introduction to 20 seconds or less.

(Continued on next page)

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Showcase Information Sheet

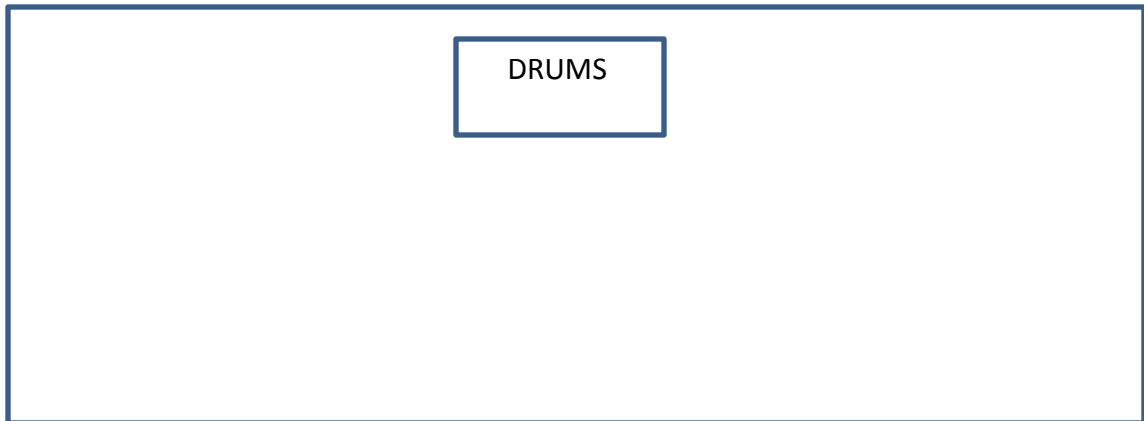
Name of Act _____

Number of members on stage _____

Please identify each person on stage by their instrument and whether or not they need a vocal mic.

	Name	Instrument	Vocal Yes / No
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____
7.	_____	_____	_____
8.	_____	_____	_____
9.	_____	_____	_____
10.	_____	_____	_____

Using the numbers above please enter the stage location of each member. If your drummer is listed as #1 write #1 on the stage lot where drums are located. Please draw the location of your amps, keyboards, monitor wedges, etc. using a series of labeled boxes



Audience