



NFTA-Metro presents... Sounds of the Season 2009

Name of Grammar or High School: _____

Address: _____

Contact Name: _____

Telephone: _____ Email: _____

Solo or Group? _____ If group: No. in group: _____ Approx. age range: _____

Brief description of musical performance(s): _____

Will your performance require any electrical outlets? No ___ Yes ___ - How many _____

Will your performance require a table, fold out chairs or anything else? _____

Note: Microphones must be provided by school if used during performance.

Performance location choices: Downtown Buffalo bus terminal - **DT**, a Niagara Falls Transportation Center – **NF**, or any of our downtown Buffalo rail stations - **RAIL**.

Please indicate available dates, desired location and time in order of preference from **November 30 - December 23, 2009** below:

	DT, NF or RAIL	
Preferred dates:	Location:	Preferred time:
1. _____	_____	8-9 am ___ 12-1 pm ___ 3-4 pm ___
2. _____	_____	8-9 am ___ 12-1 pm ___ 3-4 pm ___

A group may perform more than one date, if interested please check here _____.
All performances should be a minimum of 40 minutes in length.

Please send completed form by November 18, 2009 to:

Lisa M. Piecki, Business Development Specialist
NFTA- Metro - Marketing
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