Your name: _____

Performer's Evening Show Sign Up (Band Leaders, Soloists, Duets, Etc.)

Band Name: _____ Which show Fri: ___ Sat: ____

Contact Person: _____ # in Group _____

Instrument(s) played Tenor, Plectrum, 5-String, Uke, Guitar Other _____

Special Stage Set-Up Needs _____

Interested in conducting a Workshop? Yes No Topic_____

I plan to arrive on date _____ approximate time _____

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"Off the Street Band" Sign Up

I will participate in the Off the Street Band: Yes ___ No ____

Name: _____

The Off the Street Band will perform during the Saturday evening show. We plan to have a practice session from 9:00 am to 9:45 am on Saturday Sept. 1 to meet and rehearse for the show on Saturday evening.

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Vendor Sign Up

Responsible Individual: _____

Company Name _____

Arrival Date: _____Number of tables needed : _____ Cell Phone # _____

Additional needs _____

Banjo Rally Banquet Seating Chart

Please indicate your choices on the registration sheet.

STAGE

1 2 3

4 5 6 7

8 9 10

(11* 12* 13* 14*)

*if needed