



2009 Guest Artist Application

Performing Group Name: _____
Contact Person: _____
Organization Name: _____
Mailing Address: _____
City/State/Zip: _____
Contact Phone: _____ **Alternate Phone:** _____
Cell Phone or Pager: _____ **E-Mail:** _____
Type of Organization School Church Other: (specify) _____
Type of Performance Band Choir Dance **Other:** _____
Number of Performers: _____ **Wheelchair access required?** _____

Performance Date & Time Request:

REQUEST	DATE	TIME
Request 1		
Request 2		
Request 3		

I have read all of the event information carefully and understand what is required of my group. My group will meet all of the requirements Six Flags Over Texas has set and, if not, I will have secured all necessary written approvals from the SFOT Entertainment Department prior to my group's performance. I understand that failure to comply with any request may prevent my group from returning to Six Flags over Texas for future Guest Artist promotions.

Group Contact's Signature

Date

RETURN VIA FAX TO 817-607-6148

OR E-mail: jperrin@sftp.com

Or Mail to: Six Flags Over Texas
 ATTN: Guest Artist Program
 P O Box 90191, Arlington, Texas 76004-0191