

Lower Paxton Youth Center
Open Mic Night Registration Form
March 20, 2010 7-9pm

Contact Information

First Name: _____

Last Name: _____

Phone: _____

Email: _____

Performance Information

Please keep all performances to a minimum of 2 minutes and a maximum of 5 minutes

Act name if any? _____

What will you be performing? _____

How many people will be performing with you? _____

Do you need any music for your act? YES NO

If yes please send a CD to:
Lower Paxton Youth Center
Attn: Courtney Hassinger
P.O. Box 126331 Harrisburg, PA 17112

Please tell us a little about your self and how you would like to introduced

Thank you,
Born to lead

Please email completed for to: lpyoutcenter@gmail.com
If mailing please send to P.O. Box 126331 Harrisburg, pa 17112