VICTORY IN PRAISE

NEW ARTIST SHOWCASE

Wednesday July 31 – Friday, August 2, 2024

Contact Information

Name			
Address			
City	State _	Zip	Code
Phone Number			
C			
	Artist Inforr	nation	
Artist/ Group Name			
# of people including	musicians		
Amount Paid: \$	Group	Choir_	Solo
(\$30 Soloist or groups	8 people or less/ \$60) Groups ove	r 8 people and choirs)
D	ay Preferred #1		_
We ask that you select the d	ay you would like to per	form. Please ke	eep in mind that you have 8
<mark>minutes or two</mark>	song limit – Time is stric	ctly enforced.	NO REFUND
	PAYMENTS CAN BE	MADE THROU	JGH

CASHAPP: \$newlife1337

PAYPAL: SHELIALAKIN@ICLOUD.COM

PLS NOTE NAME OF GROUP IN MEMO WITH PAYMENT

Pls email your application back to newartistshowcase@aol.com
We must receive payment to confirm your spot!