



**Masterton District Council**

**Cultural Festival 2024**

**Performances Registration Form**

|  |  |
| --- | --- |
| Group Name |  |
| **Contact Person** |  |
| **Email** |  |
| **Phone** |  |
| *Event Day contact (if different from above)* |  |
| *Contact Number*  |  |
| *Email* |  |
| **Description of performance***Including time and number of performers* |  |
| **Requirements** *E.g., space, sound requirements, set up and pack down time* |  |
|  **Signature**  |  |
| **Print name** |  |

Any questions or concerns, please email events@mstn.govt.nz