Developmental Disabilities Awareness Day

Call for Performers

“LIGHTS, CAMERA, ACTION”

Lend your talent on May 18, 2017!

Attention Performers! Developmental Disabilities Awareness Day offers an opportunity for people with developmental disabilities to showcase their unique talents. All performances are held in The Niagara Falls Conference & Event Center Cataract Room throughout the day. The DD Day Entertainment Committee is looking for individuals and groups of individuals who would like to perform. These can include the following:

Singers \*\* Singing Groups \*\* Instrumentalists

Dramatic Groups \*\* Dancers/ Dance Groups

Comedians \*\* Dramatic Readings \*\*\* ETC…

To accommodate all performers scheduled, performances should be no longer than 10 minutes in length.

An upright piano is available for use at the performance site. Each group should plan on bringing its own instruments, equipment, music, etc.

How to Apply to Perform at DDDAY

*Complete the Call for Performers Information Sheet below/attached. Return it to:*

Monica Centner

Aspire of WNY

7 Community Dr

Cheektowaga, NY 14225

Completed form can also be faxed or emailed:

Fax: (716) 505-5642 Email: Monica.Centner@aspirewny.org

*Deadline:* March 15, 2017

Notification: In Mid April, all performers will be notified and given the time of their performance. Have Questions?

Call Monica at (716) 505-5552 or email: [Monica.Centner@aspirewny.org](mailto:Monica.Centner@aspirewny.org)

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Call for Performers Information Sheet – 2017

Performers/Group Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Organization Affiliation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address (include street, city, zip): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Person: (for the performer/s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E mail address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Type of performance: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Solo performance  / Group performance  Number in Group: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Brief Description: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Length of performance: (15 minute limit): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Time Preference: Morning  Afternoon

What is the earliest time you can perform? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What is the latest time you can perform? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Special requirements/equipment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List all of the names of the performers in your group: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Rick Banner, Rebecca Popiel Co-Chairs

Western New York Developmental Disabilities Awareness Day

Thursday May 18th , 2017 Niagara Falls Conference & Event Center

Developmental Disabilities Awareness Day

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Performers/Group Name: Click here to enter text.

Organization Affiliation: Click here to enter text.

Address (include street, city, zip): Click here to enter text.

Phone: Click here to enter text. Fax: Click here to enter text.

Contact Person: (for the performer/s): Click here to enter text.

Phone: Click here to enter text. E mail address: Click here to enter text.

Type of performance: Click here to enter text.

Solo performance  / Group performance  Number in Group: Click here to enter text.

Brief Description: Click here to enter text.

Length of performance: (15 minute limit): Click here to enter text.

Time Preference: Morning  Afternoon

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List all of the names of the performers in your group: Click here to enter text.

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