

Mideastern Michigan Library Cooperative
2017 Performance Confirmation

Library Site: _____

Contact Person:

Email:

Phone:

Performer: _____

Contact Information:

Email:

Phone:

Performance Date: _____

of Attendees: _____

Comments:

Performer's Signature: _____

Library Director / Designee Signature: _____

Date: _____

PLEASE **FAX** COMPLETED FORM TO THE COOPERATIVE OFFICE **IMMEDIATELY**
FOLLOWING THIS PERFORMANCE. THANKS! (810) 232-6639

OR, email a copy to Irene (ibancroft@mmlc.info) and Denise (dhooks@mmlc.info)