

Holistic Hands Community Development Corporation

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Rev. Brenda M. Alton, CEO



PROPHETIC ARTS PERFORMANCE REQUEST FORM

Group(s) Requested: _____ Prophetic Mime _____ Praise Corp _____ MAAFA/Drama

Contact Name: _____ Email Address: _____

Organization/Church: _____

Address: _____

Phone#: _____ Fax#: _____

EVENT INFORMATION

Event Name/Type of Event (Description): 	
Event Date:	Event Time:
Event Location (if different from the address above): 	
Donation/Love Offering Amount:	

AUDIENCE INFORMATION

Is your event open to public? _____ Is there a charge for this event? _____

Who is your target audience? _____

Number of Potential Attendees: _____

PERFORMANCE REQUIREMENTS

The following would be required for the performance:

- Adequate dressing room/changing facility
- Bottled Water
- Parking
- Copy of video performance (if available) for our historical records

DO NOT WRITE BELOW LINE

Date Received:	Event Approved/Declined:	Date Confirmed:
Signature/Title:		