



SPOKEN WORD POETRY FEST 2019
REGISTRATION FORM

First name: _____

Last name: _____

Address: _____

City: _____

State + Zip: _____

Phone: _____

Email: _____

Title of your work: _____

Comments?

I give my permission to use photographs or videos of my performance for publicity purposes for the Big Wave Poetry Fest. YES / NO Signature: _____

Date received by FRAA: _____