Addendum B

UMBRELLA ORGANIZATION MEMBER PROPOSED SEASON
DUE SEPT 15 YEARLY

Umbrella Member_____

Contact Person _____

Phone _____Fax_____ E Mail_____

Alternate Contact Person _____

Phone _____Fax_____ E Mail_____

1. _____
dates venue times

_____
event title

_____
brief description

_____
venue contact name address

_____
contact email phone fax #

2. _____
dates venue times

_____
event title

_____
brief description

_____
venue contact name address

_____
contact email phone fax #

*Please make copies if needed.

Santa Barbara Dance Alliance
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