

If you need more space to complete this Sworn Written Statement, attach the additional pages and they will be incorporated into this document.

A. CLAIMANT INFORMATION

Name:	Last	First	Middle Initial
	Deepwater Horizon Settlement Program Claimant Number:		
Social Security Number: <i>or</i> Individual Taxpayer Identification Number:			
Current Address:	Street		
	City	State	Zip Code

B. SPONSOR INFORMATION

Name:	Last	First	Middle Initial
	Current Address:		
Current Address:	Street		
	City	State	Zip Code
Telephone Number:	() - -		
Email Address:			
Relationship to Claimant:			

C. FESTIVAL INFORMATION

Entered below is information for all Festivals where I have personal knowledge of the claimant's participation, and my basis for that knowledge.

1.	Festival Name:		2010 Date(s):	/ - / Month/Day Month/Day
	Festival Location:	Street		
		City	State	Zip Code
	Description of Festival:			
	Description of Festival Sales:			
Basis for Knowledge:				

2.	Cancellation Status:	<input type="checkbox"/> This Festival was not cancelled in 2010. <input type="checkbox"/> This Festival was cancelled in 2010. If the Festival was cancelled, Reason for Cancellation:			
	Festival Name:		2010 Date(s):	/ - / Month/Day Month/Day	
	Festival Location:	Street			
		City	State	Zip Code	
	Description of Festival:				
	Description of Festival Sales:				
Basis for Knowledge:					
Cancellation Status:	<input type="checkbox"/> This Festival was not cancelled in 2010. <input type="checkbox"/> This Festival was cancelled in 2010. If the Festival was cancelled, Reason for Cancellation:				

D. ADDITIONAL VERIFICATIONS

- (1) I am not a relative of the claimant.
- (2) I have personal knowledge of the claimant's participation in the Festivals outlined in Section C.

E. SIGNATURE

I certify and declare under penalty of perjury pursuant to 28 U.S.C. Section 1746 that all the information I have provided in this Statement (and in any pages I have attached to or submitted with this Statement to provide additional information requested in this Statement) is true and accurate to the best of my knowledge, and that supporting documents attached to or submitted with this Statement and the information contained therein are true, accurate, and complete to the best of my knowledge, and I understand that false statements or claims made in connection with this Statement may result in fines, imprisonment, and/or any other remedy available by law to the Federal Government, and that suspicious claims will be forwarded to federal, state, and local law enforcement agencies for possible investigation and prosecution.

Date Signed:	<p>____/____/____ (Month/Day/Year)</p>	<p>_____</p> <p>Affiant Signature</p> <p>_____</p> <p>Name (Printed or Typed)</p>
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