

The Providence Federation of Musicians

Local 198-457, American Federation of Musicians

Presents the **FALL EDITION** of the

Cavalcade of Bands



Tuesday, October 29th, 2024
Rhodes-on-the-Pawtuxet



60 Rhodes Place, Cranston, RI 02905

Doors Open: 5:15 PM

Dancing: 5:30 - 10:30 PM

Tickets: \$20 in advance (no Credit or Debit Purchases) **\$25 at the door**

Tickets / Table Reservations: Call **Rhodes** at 401-785-4333 or **AI** at 401-935-3739

In The Ballroom

MC: Jim Riley

- 5:30 The **Bill Moretti / Ginny Conley** Group
- 6:30 The **Meadow Larks, Dan Ferreira**, Director, featuring **Sarah Martin**
- 7:45 The **Bill Moretti / Ginny Conley** Group
- 8:45 The **Meadow Larks, Dan Ferreira**, Director, featuring **Sarah Martin**
- 9:30 **50/50 Raffle**
- 9:45 The **Meadow Larks, Dan Ferreira**, Director, featuring **Sarah Martin**



In The Foyer

MC:

Bill Melone, WRIU, 90.3 FM

- 5:30 The **Lois Vaughan** Group
- 6:15 The **Shawnn Monteiro** Group
- 7:15 The **Mary Bogan** Group, with **Eddie Paris**, piano
- 7:45 The **Terri Giviens** Group, with **Eddie Paris**, piano
- 8:15 The **Angela Baccari** Group
- 9:15 The **Diane Carey** Group
- 10:00 The **Bob Mainelli** Group, with **Greg Wardson**, piano

Attention Patrons:

Catering services will NOT be available for this event.

Food items may be brought in to the building — no beverages, please.

Beverages may be purchased at the bar.



Music & Dancing
at its best!

Al DeAndrade, *Chairman*

NOTE: Band lineups, personnel and times are subject to change.



Cavalcade of Bands

" Music and Dancing at its Best"

Visit Our Website at:

www.ProMusicRI.org

(Click on "Cavalcade of Bands" to download and print order form.)



Ticket Mail Order Form



Return To:
Providence Federation of Musicians
172 Longfellow Street
Providence, RI 02907-2621

I would like to purchase _____ ticket(s) at \$20.00 per ticket.
Enclosed is my check in the amount of \$_____.00,
made payable to **The Providence Federation of Musicians.**

(NOTE: No Credit or Debit Purchases available)

NAME: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

E-MAIL ADDRESS: _____

DEADLINE: This mail order form must be received by **WEDNESDAY, OCTOBER 23rd, 2024.**
Any mail order form received after that date will NOT be honored.