

# Granville Island BUSKERS

## PERFORMER APPLICATION 2010-2011

Please PRINT CLEARLY

Given Name: \_\_\_\_\_

If you are under 18 then Age: \_\_\_\_\_ Name of Guardian \_\_\_\_\_

Group or Performance Name: \_\_\_\_\_

Group Members: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Web Site: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Performance Experience: # of years \_\_\_\_\_ # of years busked on Granville Island \_\_\_\_\_

Would you like email updates on the Busking Program? YES NO

### Description of Performance:

Do you use wish to use Amplification? YES NO

If so, please describe your set up: \_\_\_\_\_

### Musicians:

Please list instrument(s) you will be playing while busking on Granville Island: \_\_\_\_\_

Please describe your style of music. (e.g. folk, rock etc.): \_\_\_\_\_

Do you wish to use backing tracks? YES NO If so you will have to submit them for approval.

### Other Performers:

Please describe your performance: \_\_\_\_\_

*By signing this application, I agree that I have read and will abide by the Granville Island Busking Guidelines.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of guardian if busker is under 18: \_\_\_\_\_

For office use only: Date:	Pass #:	ID Checked ✓	Using Fire ✓
Registered by:	Amount Paid: \$	Cash or Credit	CD Sales Form ✓
Pass Type Issued:	Group OR Solo	Acoustic OR All Access	Copy of CDs ✓
Type of Performance:	Music / Circle Show / Variety	Picture ✓	Backing Tracks ✓
			In Database ✓