



Performance Application Form

Thank you for your interest in becoming a performer at West End Twilight Markets. To assist us in considering your application please be as detailed as possible. If you have any special requests scribble them on the bottom of this application form and we'll get back to you as quickly as possible. Send your application form by post to P.O. Box 5112, West End, Queensland, 4101. Each application is assessed individually and will receive a response within two weeks of submission.

Performance Name:

Contact Name:

Postal Address:

Phone Number:

Email:

Website:

What is your medium: Music/ Video/ Dance/ Theatre/ Circus/ Spoken Word/ Mime /Other Performance (Please explain):

Please tell us about your act:

Solo or Ensemble?

If ensemble please list ensemble members and their instruments/roles:

Do you require amplification? Yes No

If yes please provide details:

Do you require a large performance space or are you a wandering performer: Yes No

If yes please provide details:

Tell us about your performance history:

Please provide your public liability insurance number and expiry date if applicable:

Please select your preferred performance dates: 21 JAN/ 28 JAN/ 4 FEB/ 11 FEB/ 28 FEB

Are you interested in *West End Twilight Markets Busking Residency* (4 weeks paid Busking opportunity): Yes No

Special requirements:

3. Declaration:

I declare that the information contained in this application is true and correct to the best of my knowledge and I note that this information is collected with my approval.

I will notify the West End Twilight Markets if any of this information changes while I am a participant at the West End Twilight Markets.

This information will be used to assist West End Twilight Markets in assessing this application.

All information collected will be respected under the West End Twilight Markets procedure and will be treated confidentially.

Name _____ Signature: _____ Date: _____