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## BCNE Performer Application: August 17-20, 2017

Artist Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_ E-mail: \_\_\_\_\_

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

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

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Fee: \_\_\_\_\_

Briefly describe below your Live Performance or Musical Style:

Please attach up to date photos, website, you-tube video or other media sources to hear an example of your performance.

How long is your performance? \_\_\_\_\_

Please add the names of performers:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

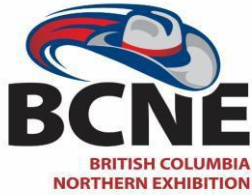
**For Office Use Only**

**Date:**

**Performance Time:**

**Fee:**

**Rooms: N/A**



**Do you have your own equipment?**

**What do you require for equipment? If so, please list the equipment you will need.**