

Australian National Busking Championships™ Saturday 1st November 2014



ENTRY FORM

Name:	(*at 01/11/2014 - Only required for	Age* Age Category: Primary/Secondary/Open?
Will you be competing for the prizes?		
Consent of Parent or Guardian (needed for	r children under 16 years of a	age):
	r official website and/or Face	hampionships. I also consent to allow images and/or video of my child bebook page. I also understand any children under the age of 16 years of
Signed	(Print Parent/Guardian	n's Name)
Postal Address:		
Phone:Mobile:	En	mail: (It's essential that you provide an email address so you can receive a copy of the timeta
When will you be available to perform? (Please tick appropriate box)	' (Finals Concert will be held o	
☐ All day Saturday (NB All Buskers mus	st be available to perform in th	he Finals concert to be eligible for any prizes)
-	•	
How many sets would you like to perfo	orm?How long would	Id be like for in each set? ☐ 30 minutes or ☐ 60minutes
Will you be performing solo?	s 🗖 NO	
		many in your group?(Please attach list of names of member
How would you best describe your styl	le of music? (eg Folk, Cla	assical, Rock, Blues, Country, Jazz)
		Do you have any other special requirements?
Terms and Conditions: All performers must be registered and have As this event is family friendly the organize Also volume levels must conform to any d Any images or video taken during this even All the decisions of the judges are final and I agree to these terms and conditions and I will comply	ers reserve the right to exclude any lirection given by the event organiz nt may be used by the event organ d no correspondence will be entere	ny performances that may be deemed offensive to a general audience. ilzers or officials. anizers for future promotions. ered into.
Signed	Dated	
Entry Fee: All fees will be paid to the Rotary Club of Please make Cheques payable to the Rot All fees will be gladly accepted at Cooma	tary Club of Cooma	(Please include payment with this form). f of the Rotary Club of Cooma
\$10 for each participate. Maximum of \$	40 per group	
Amount: \$ Cash / Cheque	e / Direct Deposit* / Cre	edit CardVisa or MasterCard (please cross out which doesn't apply)
		Expiry Date:
CVV Card Holder Na	ame:	Signature:
*Direct Deposit: To Rotary Club of Cooma.	BSB: 062 523 Account N	No: 10106346 Please email receipt to allan@coomamusic.com.au



