

Australian National Busking Championships



Cooma NSW - Saturday 7th November 2015

ENTRY FORM

Name:	Age*	. Age Category?	Primary	Secondary	Open
(*at 07/11/2015 - Only required for children who may be performing)			(Please tick app	ropriate box)	
Consent of Parent or Guardian (needed for children un	der 16 years of age)	:			
I consent to have my child perform in the Australian Nati- taken during this event to be displayed on our official wel age must be accompanied by their parent or guardian duri	bsite and/or Faceboo				
Signed(Print	Parent/Guardian's N	ame)
Postal Address:					
Phone:	Email	(It's essential that you prov	vide an email addres	ss so you can receive a co	py of the timetable)
Will you be competing for the prizes? \square Y	ES N O	- just for fun!			
When will you be available to perform?	ay Saturday - or	Only during thes	e times		
How many sets would you like to perform? H	łow long are youi	sets? 30 minute	s - or 6 0	minutes	
Will you be performing solo? \Box - or in a grou	ıp? 🔲 If you're i	n a group, what is it	s name ?		
How many in your group?(Please complete	e a separate entry form	for each member of your g	roup)		
How would you best describe your performance?)				
Have you got any of your performances online?					
Will you be using any amplification? ☐NO ☐	YES (details plea	se)			
Do you want to perform \square in the same spot - o	or \square would you	like to play at sever	al locations?	?	
Do you have any other special requirements?					
Terms and Conditions:					
 All performers must be registered and have their registra 	ition tag clearly displaye	d.			
 As this event is family friendly the organizers reserve the Volume levels must conform to any direction given by th 			emed offensive to	o a general audience.	
 Performers who wish to be eligible for prizes must be available. 	ailable to perform in the	Finals Concert at 5pm on 5	Saturday 7 th Nove	ember 2015	
 Any images or video taken during this event may be use All the decisions of the judges are final and no correspor 					
I agree to these terms and conditions and I will comply with any lawf	ul direction given by the	organizers and/or officials	during this event		
Signed	.Dated				
Entry Fee: \$15 for each participant. Ma	aximum of \$50	per group	(Please in	clude payment wi	th this form)
All fees will be paid to the Rotary Club of Cooma Please make Cheques payable to the ROTARY CLUB OF C All fees will be gladly accepted at Cooma School of Music o					
Amount: \$ Cash / Cheque / Direct [Deposit* / Credit	CardVisa or M	/lasterCard ຜ	please cross out which do	esn't apply)
			Expiry Date:][
CVV Card Holder Name:		Signa			
*Direct Denosit: To ROTARY CLUB OF COOMAINC AL	NRC COOMA BUSK	ING BSB: 062	523 Account	No: 10243818	



Please email receipt of your Direct Deposit to: allan@coomamusic.com.au

