## $\textbf{A}_{\text{USTRALIAN}} \ \textbf{N}_{\text{ATIONAL}} \ \textbf{B}_{\text{USKING}} \ \textbf{C}_{\text{HAMPIONSHIPS}^{\text{TM}}}$



## Peak Hill NSW - Regional Finals

## Saturday 14th September 2019

## **ENTRY FORM**

Name:	Age*	Age Category?  (Please tick appropriate box)	Primary (4 – 12yrs)	Secondary	Open (Over 18 yrs)
(*at 16/11/2019 - Only required for children who may be performin with a Conductor and/or Accompanist)	ng. In the case of a group the Age (	Category is decided by the age of the	, ,	, ,	or School Groups
Consent of Parent or Guardian (needed for c	children under 16 years of	age):			
I consent to have my child perform in the 2019 Australia	an National Busking Championships <sup>T)</sup>	M- Cooma NSW. (ANBC Cooma 2019)			
I also consent to allow images and/or video of my child	taken during this event to be displayed	d on our official websites and/or Faceboo	k pages.		
I also understand any children under the age of 16 years	s of age must be accompanied by their	parent or guardian at all times during this	event.		
Signed	(Print Parent/Guardia	ın's Name			)
Postal Address:					
Phone:	E	Email: (It's essential that you pro	vide an email addres	ss so vou can receive a c	copy of the timetable
Will you be competing for the prizes?	□YES □	NO - just performing for t		,	.,,
When will you be available to perform?	☐ All day Saturday	- or Only during thes	e times		
How many sets would you like to perform	n? (Recommende	d Minimum of 4 x 30 min	ute sets for co	ompetitors)	
Will you be performing solo? ☐ - or	in a group?   If you	ı're in a group, what is i	ts name?		
How many in your group?(Please comple	ete a separate entry form for ε	each member of your group. Or L	.arge groups may	attach a <b>Group Men</b>	nbers List Form)
How would you best describe your perfo	ormance?				
Have you got any of your performances	online?				
Will you be using any amplification?	NO YES (details ple	ease & please note Volume Leve	ls* Rule)		
Do you have any special requirements?	(eg Area requirements. Wou	ld prefer not to move. Help ne	eded. Electricity	needed. Need longe	er set-up time)
(Details Please)					
Terms and Conditions:					
<ul> <li>All performers must be registered and have t</li> <li>As this event is family friendly the organizers</li> </ul>	s reserve the right to exclude a	any performances that may be de	eemed offensive t	o a general audience	
<ul> <li>Volume Levels* must conform to any direction</li> <li>Performers who wish to be eligible for prizes</li> </ul>			Saturday 4 Nover	mber 2017	
Any images or video taken during this event Performers contact details may be shared wi			•		
All performers will be responsible for their ow All the decisions of the judges are final and n	vn public liability insurance.				
I agree to these terms and conditions and I will comply w			during this event	t.	
Signed	Dated				
Entry Fee: \$20 for Solo, \$\Bigsilon\$		0 (maximum) for Gro	ups of 3 or	more.	
(Please include payment with this form) All fees will be paid to the Peak Hill Business and Please make Cheques payable to the Peak Hill B		ociation Inc.			
,	/ Direct Deposit** (plea				
**Direct Deposit to: Peak Hill Business and Tour	rism Association Inc	BSB: 032-656 Account I		description	

Please return or Email this form to :Patrick Norris., 63 Caswell Street Peak Hill NSW 2869 Ph: 0429 000 050 Email: buskingpeakhill@gmail.com

CLOSING DATE FOR ENTRIES Saturday 7th 2019