

Performer Application

Date:

Contact Name:		Pronouns:	
Email:		Phone Number:	
Full Address:			
Legal Name (if different for contract):			

Act/Stage Name:	
Group Members:	
Duration of Act:	

Which of these best fits the description of your act? (select all that apply)			
<input type="checkbox"/> singer/songwriter	<input type="checkbox"/> instrumental musician (non-singer)	<input type="checkbox"/> live band	<input type="checkbox"/> DJ
<input type="checkbox"/> dancer/dance group	<input type="checkbox"/> burlesque/19+ dance	<input type="checkbox"/> spoken word/poetry	<input type="checkbox"/> comedian
<input type="checkbox"/> drag performer	<input type="checkbox"/> children's performer	<input type="checkbox"/> improv/skits	
<input type="checkbox"/> other (please describe):			

Please describe your act/performance in detail:
<i>Include links to video/audio, type of act, description of the performance, timing of set up and clean up, how you are entering/beginning, lighting and sound requirements/timing, etc.</i>

Please describe your typical audience:

Please list all mandatory requirements for your act:

Include items you are bringing, minimum stage dimensions, tech requirements, items requested from KP, dressing room, storage, accommodations.

Please list non-mandatory special requests for your act:

Requests may include KP to provide certain equipment or tech, assistance with travel, etc. Requests will be considered, but are not guaranteed.

Are you or your group a part of the 2SLGBTQPIA+ community? If not, please describe any involvement you have had with the community as allies.

History of performing at 2SLGBTQPIA+ events, 2SLGBTQPIA+ content, demonstrated allyship, etc.



Do you expect compensation for your performance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If so, what is your expected compensation?		
As a non-profit organization, Kamloops Pride faces budgetary constraints. If unable to meet your expected compensation, are you open to discussing a flexible performance fee?		
<input type="checkbox"/> Yes <input type="checkbox"/> No		

If the applicant is under 18, please have a parent/guardian fill out the following:

Name:		Relationship to applicant:	
Email:		Phone Number:	
Guardian Signature:			
I support my child/dependent's application:	<input type="checkbox"/> Yes		

Additional questions or Notes:

Please email your completed application to info@kamloopspride.com with "Performer Application" in the subject line.