



CITY OF ARMADALE EVENT PERFORMERS

EXPRESSION OF INTEREST FORM

Name of Performer / Group			
Contact First Name		Contact Surname	
Postal Address		Telephone 1	
Suburb		Telephone 2	
Postcode		Email	
Type of Performer (eg. duo, choir, clown)		ABN Number (if applicable)	
Public Liability Insurer (if applicable)		Public Liability Policy Number (if applicable)	
In 75 words or less please provide a promotional blurb of your performance/group:			
Please provide examples of similar past performances undertaken by yourself/group:			

Please specify your technical specifications:	
Please enclose a demo of your performance (if possible).	Yes / No (Please Circle)
Please attach your/your group's CV.	Yes / No (Please Circle)
Do you have any promotional photographs that the City is able to use?	Yes / No (Please Circle)
Do you give permission for any photography to be taken of your performance by the City?	Yes / No (Please Circle)
Do you give permission for the City to use this photography for future promotional purposes?	Yes / No (Please Circle)
Is there any other information that we should know about you?	
Please specify which of the City's events (see below) that you are interested in performing at:	
Armadale Highland Gathering – November	Yes / No (Please Circle)
Australia Day Celebrations – 26 January	Yes / No (Please Circle)
Concerts in the Park – February - April	Yes / No (Please Circle)
Minnawarra Festival – April	Yes / No (Please Circle)
Please submit all completed applications to: Arts and Events, City of Armadale, Locked Bag 2, ARMADALE, WA 6992 or email events@armadale.wa.gov.au For more information contact 9399 0187 or visit www.armadale.wa.gov.au	