



# ClovisFest International Village

## Performer Participant Application



Please submit your application and deposit by Friday, September 20<sup>th</sup>, 2019

**Event Dates: Saturday and Sunday October 26<sup>th</sup>, 27<sup>th</sup> 2019**

▪ **Contact Information**

Organization/Cultural Group: \_\_\_\_\_  
Name of Performing Group: \_\_\_\_\_  
Contact person(s): \_\_\_\_\_  
Street Address: \_\_\_\_\_  
Phone Number(s): \_\_\_\_\_ Email Address: \_\_\_\_\_

▪ **Performance Information**

Which hours do you prefer to be scheduled for your performance? We will try our best to accommodate your schedule. You will be contacted when your performance time has been selected. If you are interested in several performance slots please notate below.

**\*Performance times are first come first serve\***

\_\_\_\_ Saturday Morning 9 a.m. to 12 p.m.  
\_\_\_\_ Saturday Afternoon 12 p.m. to 4:00 p.m.

\_\_\_\_ Sunday Morning 9 a.m. to 12 p.m.  
\_\_\_\_ Sunday Afternoon 12 p.m. to 4:00 p.m.

Specific day(s)/time(s): \_\_\_\_\_  
Number of performers in your group: \_\_\_\_\_  
Approx. performance duration: \_\_\_\_\_  
Song/Music Device(s) used for performance: \_\_\_\_\_  
I am interested in several performance slots \_\_\_\_\_

\*Performers must arrive 20 minutes before their scheduled time.  
\*Group must check in with stage manager at arrival  
\*Music/Songs on devices must be lined up and ready for sound booth to play in order  
\*Failure to cancel your scheduled performance prior to October 1<sup>st</sup> 2019 will result in loss of your full deposit.

▪ **Refundable Deposit**

A \$50.00 refundable deposit made payable to Clovis Chamber of Commerce shall be refunded in 7-10 business days after the event concludes. By submitting this form, I affirm that the facts set forth are true and complete. I understand that if I am accepted as a participant, any false statements, omissions, or other misrepresentations made by me on this form may result in my immediate dismissal from participation and will result in loss of deposit. All participants will be reviewed by Clovis Chamber of Commerce. Chosen applicants will be notified by phone or email within one week of the received application.

<b>Chamber Use Only</b>		
Amount Received: \$ _____	Deposit Check: # _____	Date Received: _____
Return from last year: Y / N		

**Submit Application & Deposit to:**

**Clovis Chamber of Commerce**  
**Att: Priscilla Montell**  
**325 Pollasky Ave**  
**Clovis, CA 93612**