

# FOLKLORE FESTIVAL

Complete and return form by fax or mail to the following:

**Thunder Bay Multicultural Association**  
 17 North Court Street, Thunder Bay, ON P7A 4T4  
 PHONE: (807) 345-0551  
 FAX: (807) 345-0173

## A WORLD TOUR OF NATIONS

Or email to [folklore@thunderbay.org](mailto:folklore@thunderbay.org)

### ENTERTAINMENT REGISTRATION FORM 2019

**RESTRICTIONS:**

- Registration Forms – please fill out one Complete Form (pages 1-4) for each day (one per day)
- List of Performers and Tech Sheets for entertainers must be received no later than 4:30 p.m. on Friday, March 29th 2019
- All entertainers / groups must fill in page 2/3 - Technical Specification Sheet (one per day)
- Recorded music with exceptional sound quality only will be acceptable
- Please complete and include Group Introduction Sheet (page 4) with Registration

**Organization:**

**Contact Person:**

**Address:**

**Postal Code:**

Tel. Home: \_\_\_\_\_  
 Cell/Work: \_\_\_\_\_

E-mail: \_\_\_\_\_  
 (Please print clearly)

**Participation:** (circle one)

Choir    Vocal Solo    Dance Solo    Dance Group    Instrumental Group    Instrumental Solo  
 Other \_\_\_\_\_

**Requested Performance Day/Time:** Saturday \_\_\_\_\_ Sunday \_\_\_\_\_

**Equipment:** Live Music \_\_\_\_\_ Recorded Music(CD) \_\_\_\_\_ Props \_\_\_\_\_ Other \_\_\_\_\_

**Description:**

**Length of Performance:** \_\_\_\_\_ minutes  
 (10 Minutes Maximum)

**Special Requirements:**  
 (Must fill in Technical Data Information Sheet Attached - page 2/3)

**Dressing Room needed:** Male  Female

**Signature:**

**Date:**

**FOR OFFICE USE ONLY:**

**Received By:**

**Date:**

The Thunder Bay Multicultural Association reserves the right to review the eligibility of those organizations and individuals that do not abide by established festival policies and procedures, and furthermore, reserves the right to consider participation at future Folklore Festivals. **There are 4 Sheets to FILL IN!**

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### Technical Data Information Sheet

Group Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone Number: \_\_\_\_\_

<b>Performance Info. OFFICIAL USE ONLY</b>	
Date:	_____
Time:	_____
Length:	_____

**TYPE OF PERFORMANCE:** (circle one)

VOCAL SOLO                      CHOIR                      DANCE SOLO                      DANCE GROUP  
 INSTRUMENTAL SOLO                      INSTRUMENTAL GROUP                      SKIT  
 OTHER \_\_\_\_\_

NUMBER OF PERFORMERS: \_\_\_\_\_

MUSIC TYPE:      LIVE \_\_\_\_\_      RECORDED \_\_\_\_\_

**LIVE MUSIC PERFORMANCE TECHNICAL NEEDS:**

MICROPHONES: Straight Stand \_\_\_\_\_ Boom Stand \_\_\_\_\_ (indicate # required)

Power: Stage AC \_\_\_\_\_ Piano AC \_\_\_\_\_

Risers (we don't supply): \_\_\_\_\_ (indicate # of persons on each level required)

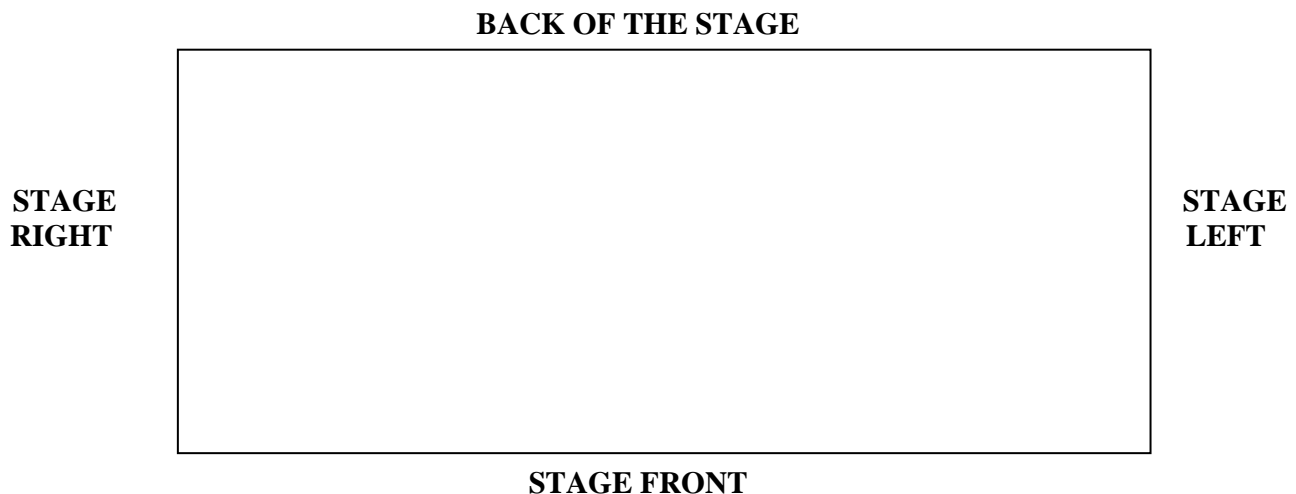
**Equipment legend:**

Microphones: SS or BS

Plug-ins: X

Piano  (we don't supply)      Riser(s)  (we don't supply)

**STAGE LAYOUT:** Please clearly indicate where equipment is to be placed



**DANCE GROUPS CUES/INSTRUCTIONS:**

**IMPORTANT: Please use one CD per dance number in order of performance**

**MUSIC:** (circle one)

LIVE

RECORDED

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SONG TITLE	CUES	STAGE ENTRANCE/EXITS
DANCE 1	<input type="checkbox"/> OFF STAGE START <input type="checkbox"/> ON STAGE START <input type="checkbox"/> FALSE STOP <input type="checkbox"/> FADE <input type="checkbox"/> Music ENDS	
DANCE 2	<input type="checkbox"/> OFF STAGE START <input type="checkbox"/> ON STAGE START <input type="checkbox"/> FALSE STOP <input type="checkbox"/> FADE <input type="checkbox"/> Music ENDS	
DANCE 3	<input type="checkbox"/> OFF STAGE START <input type="checkbox"/> ON STAGE START <input type="checkbox"/> FALSE STOP <input type="checkbox"/> FADE <input type="checkbox"/> Music ENDS	
DANCE 4	<input type="checkbox"/> OFF STAGE START <input type="checkbox"/> ON STAGE START <input type="checkbox"/> FADE <input type="checkbox"/> Music ENDS	

