



City of Arts & Innovation

25th Annual Riverside Festival of Lights Community Entertainment Application

Entertainer/Group Name: _____

Performance Type: Solo Duo Trio Band Choral Dance
 Ice Sculpting Magician Other _____

Brief Description/Music Genre/ Number of Members: _____

Primary Contact Name & Title: _____

Contact Number: (_____) _____ Fax Number: (_____) _____

Mailing Address: _____

Email Address: _____

Web Site Address (if applicable): http://_____

Note: Please keep in mind that it is expected for you/your group to perform for the entire duration of your allotted performance time. If necessary, please come prepared to perform multiple sets to fill your allotted performance time.

Time Needed for Set-Up: 15 min 30 min

Sets: _____ /Set Length: 15 min 30 min 45 min 1 hour

Time Needed for Clean-Up: 15 min 30 min

On-Site Contact Name & Title: _____

On-Site Contact Number: (_____) _____

Please connect me/our group with the Production Company.

I/We are able to perform on multiple dates.

Please indicate below the date(s) you/your group would prefer to perform. Space for **alternate** dates is provided below. We highly suggest including alternate dates in the event that your first choice is unavailable. If you/your group would like to perform multiple times, please list additional dates on a separate sheet of paper and attach it to this Form. Please keep in mind that the Start Time is when you/your group begin performing. Check-in with the Sound Technician is required no less than 15 minutes prior to performance time, depending on the time needed for set-up.

<u>First Choice</u>	<u>Alternate Choice</u>	<u>Alternate Choice</u>	<u>Alternate Choice</u>
Date: _____	Date: _____	Date: _____	Date: _____

* The City of Riverside reserves the right to cancel and/or reschedule performances as necessary.