**Te Tau Ihu**

**MUSIC FEST 2017**

**FOUNDER’S HERITAGE PARK – 16TH SEPTEMBER 2017 10AM – 4PM**

**REGISTRATION FORM:**

**ACT NAME:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CATEGORY: (Circle One)**

*Solo/Duo Vocal Dance Band Cultural Performance*

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

**NB:** There will be a **SET BACKLINE** that includes - *A Drum Kit, Bass Guitar Amp and Keyboard Instrument*

The stage is 6metres by 5 metres

**EQUIPMENT REQUIREMENTS:**

Number of Vocalists *(for Mic Requirements)*: \_\_\_\_

*(Please TICK the Following* ***INSTRUMENTS*** *that you will be Using):*

*Bass Gat □                 1 Electric Gat □           2 Electric Gat □            Acoustic □*

(Amp Provided)         (BYO Amp) □           (BYO Amp) □                    (DI) □

*Keyboard Instrument □  Drum Kit □               Brass / Horns □*

(Provided)                (Provided)               (Please Specify: )

*Other □ Backing Track □*

(Please Specify: ) (Named FILE on FLASHDRIVE: )

*Synthesiser/ Clicker Tracks* □ **EXTRA INFO:**

(DI) □

**Contact Information:**

Phone Contact: Email:

**Emergency Contact for Health & Safety Reasons:**

Contact Person: Phone:

It is noted that *the Artist* ***must not present*** any material that may bring the *Lead Contractor* or *Event Sponsors* into disrepute or reputational harm.

***Examples include****:* Racist, Sexist, Homophobic material or material that promotes Reckless/Criminal Behaviour, Underage Alcohol use or the use of Illegal substances. *The Artist* must also refrain from ***excessive*** swearing.

If in doubt about material appropriateness *the Artist* guarantees that they will obtain the opinion of the *Lead Contractor* as to appropriateness for Youth Audiences.

Failure to comply with this condition may lead to ***Loss of Sponsorship*** and therefore *Non-Payment for Performance*. It is strongly advised to obtain ***“sign off”*** of any questionable content by means of approval from the *Lead Contractor*.

*The Artist* also agrees to ***not***being under the influence of *Alcohol or Other Drugs* while carrying out the Performance.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent's Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



If you have any questions about rules, regulations or what category your act falls under, please contact:

[sheridan.duncan@tpo.org.nz](mailto:sheridan.duncan@tpo.org.nz)

