

2019 THE YOUTH FAIR COMMUNITY STAGE APPLICATION

Email

 Please print or type all information. If space provided is inadequate, please attach additional papers to the application. 				
ARTIST INFORM	ATION:			
Name	of	Group	or	Act:
			Contact Person:	
			Street	Address:
		City:	State:	Zip Code:
Phone:				
GROUP/ACT INF	ORMATION:			
Number of Members in Group/Act:			Number of Vehicles Transporting Equipment:	
Have you performed at the Community Stage before?		Yes	No	
If yes, when?				
Describe your act/group performance?				
PERFORMANCE REQUEST:				
Date you would like to perform:				
The time you wou	uld like to perform:			
Note: If the date and time requested is not available, you will be contacted with an available date and time.				
Photographs and Video: From time to time photographs and video are taken during The Youth Fair. These photographs and videos may be used for publicity or other purposes. By submitting this form, you are consenting to The Youth Fair photographing, filming, taping and/or otherwise recording artist's name, likeness, physical movements, voice and other sound effects (collectively, "Name, Etc."), which photographs, films, tapes and other recordings (collectively, "Recordings") shall be the sole and absolute property of The Fair for any and all purposes whatsoever in perpetuity; and artist grants to The Youth Fair, its licensees, successors and assigns the exclusive right to reproduce, exhibit, perform, display, use and otherwise exploit the Recordings and my Name, Etc., in whole or in part, in and in connection with its events and the advertising, exhibition, promotion, publicity and any other exploitation thereof, in any and all languages, formats and media now known or hereafter devised, in perpetuity, for no compensation. Notwithstanding the foregoing, if The Youth Fair determines, in its sole discretion, that any rights herein granted are subject to the jurisdiction of any Union, I will enter into an agreement(s) with The Youth Fair or its designee which The Youth Fair determines is required in connection therewith, and agree that I shall receive and be entitled only to the applicable minimum compensation (if any) required by such Union. The signature below affirms that all the information provided in this application and supporting documents is true and complete to the best of our knowledge. If requested, we will provide proof. Failure to do so shall invalidate this application. I understand that any information				
contained in the application may be used for publication, including the use of social media.				
Signature of Appl	icant		I	Date
Your request becomes valid only when this application and all supporting documents are submitted to				

