WASCANA CENTRE BUSKING FESTIVAL APPLICATION

SEPTEMBER 14, 2024



Application Instructions

- Please ensure you have read and are familiar with the busking guidelines before completing your application
- Incomplete applications will not be considered. Please attach additional information if requested.
- Questions regarding your applications can be directed to wcvisitorservices@gov.sk.ca.

SECTION A - PERSONAL INFORMATION

(All fields marked with an astrix (*) are considered mandatory)

First Name *	Last Name *		
Address *	City	Province	Postal Code
Email Address *	Cell *		
Date of Birth	Emergency Contact Name *	Emergency Contact Phone *	

SECTION B – PERFORMANCE DETAILS

Artist Bio: Tell us a bit about yourself and your art form. This artist bio will appear on promotions for the Busker Festival.				
Submit a photo if you would like one attached to your bio. May be used on social media and website.				
Do you perform as part of a group? And if so, how many in the group?	What is your performance name (if applicable)			

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Category of Performance Music Magic Dance (Other (please specify)	
SECTION C – SAFETY AND COMPLIANCE		
Dangerous goods include the use of substa	ances that are flammable, toxic or	hazardous and implements
such as swords and knives. It includes sub		·
property or environment and extends to in	·	
still be perceived as dangerous.	,	,
Does your act involve dangerous goods?	Yes No	
Do you intend to sell recordings of your n	nusic while busking (if applicable)?	
Yes O No		
DECLARATION		
I certify that I am aware of the information	a contained in this Bucking Applies	ation and attact to its
completeness and accuracy. I agree to abi		
Festival, and my contract may become voi		
restival, and my contract may become voi	a should i hot comply with said re	guiations.
NAME	SIGNATURE	DATE
	<u> </u>	
DECLARATION- MINOR(S)		
Various that 10 cases an alder to break ind	an and and the Theorem who are 10 and	17
You must be 18 years or older to busk inde		•
busk unsupervised. Buskers under the age	of 16 must have a responsible ad	uit accompanying them at a
times while performing.		
I certify that I am the legal guardian of the	primary Busker identified in this a	pplication. Both I, and the
listed applicant(s), are aware of the inform	nation contained in this Busking A	oplication and attest to its
completeness and accuracy. We agree to a	abide by all guidelines pertaining t	o Wascana Centre Busking
Festival and realize that my contract may	become void should we not comp	ly with said regulations.
Lalso give permission for my independent	(s) (who is large over 16 years of ag	a) ta busk without
I also give permission for my independent	(s) (who is/are over 16 years of ag	e) to busk without
supervision. Initial		
NAME OF ARRUGANT		
NAME OF APPLICANT		
NAME OF GUARDIAN	SIGNATURE	DATE
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SUBMITTING YOUR APPLICATION

Please submit your completed application by **Sunday, July 28**, including your photo, and a one-minute video of an example of your performance, by email to

<u>wcvisitorservices@gov.sk.ca.</u> All buskers will be notified as to whether they gained the contract to perform.

For Office Use Only	
Performer	
has been selected to perform at the 2024 Bus	ker Festival and receive \$200 as an honorarium.
PCC Signer:	Date: