DIWALI FESTIVAL OF LIGHTS 2019

Performer registration form

Diwali Festival of Lights 2019 is scheduled on **Sunday, 24 November 2019 from 1.30 pm to 9.15 pm** at the TSB and Shed 6 venues.

Please complete this form for each performance item. please read and sign the registration form. If you have any questions, kindly contact Murali Kumar on 021 685 804.

Email or post the completed form by **Monday, 21 October 2019**

Email: diwali@catnz.org.nz

Post: Diwali Festival of Lights 2019
Attention: Murali Kumar
PO Box 13756
Johnsonville
Wellington 6443

All registered programme and participation will be confirmed by **Monday, 4 November 2019.**

Please note and comply with the following requirements.

1. Solo performances, **including within a group dance choreography are not permitted.**
2. One (1) helper only will be allowed for every five (5) performers into the Green Rooms
3. We require **exact** numbers of performers to facilitate green room allocation
4. We require the **exact** duration of the music for each of your performance(s).
5. A copy of the music is to be handed in by **Saturday, 9 November 2019.** (Further clarifications will be provided upon confirmation of your performance at the festival).

I have read and understood the above requirements. i agree to comply with the requirements.

SIGNED: **DATE:**

PERFORMER DETAILS

Name of group or artist:

Contact person:

Phone:

Mobile:

Email address:

Address:

Will the contact person be accompanying the group on the day? **YES** ☐ **NO** ☐

If NO, name of person accompanying group:

Mobile:

How many performers are in your group?

What age group does your group/performer fall into? (tick the relevant box) **Under 18** ☐ **18 and over** ☐

List all the performers in your group, their age (only if under 18) and the name of other groups and items they are in

(continue on a separate sheet if needed):

Name	**Age**	**Other groups they are in**

List all the performers in your group, their age (only if under 18) and the name of other groups and items they are in

(continue on a separate sheet if needed):

Name	Age	Other groups they are in

MC Notes: We want to give you a fantastic introduction before you get up on stage. Please tell us all about your performance (below).

PERFORMANCE DETAILS

How many items would you like to perform?

What is the (individual) length of your item/s?

If you are playing instruments, what kind will you be playing?

List any other equipment you will be bringing with you:

What other information about your performance/production may we need to know (ie costume changes between items etc)?

TECHNICAL REQUIREMENTS

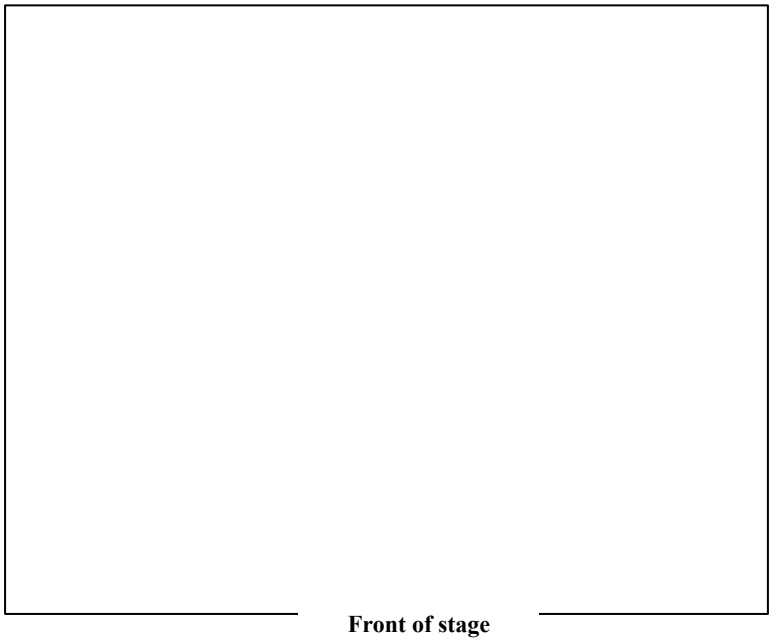
What equipment you do need us to provide?

Equipment	Yes	No	Number
Vocal microphones			
Direct input boxes			
Instrument microphones			
Chairs			
CD player/iPod			

List here any other staging or technical requirements you may have:

STAGE LAYOUT

1. Please draw microphones, chairs and instruments on the plan (this plan is not to scale):



Legend: Microphone ⊗ Direct Input DI Chairs ∩