

CHARLEVILLE PERFORMING ARTS FESTIVAL 2022



Group/Ensemble Nomination Form – 3 or more performers

FINAL SUBMISSION DATES:

NOMINATION FORMS AND FEES

FRIDAY JULY 22

RECORDED BACKING MUSIC (IF NOT USING ACCOMPANIST)

MONDAY AUGUST 15

PRE-RECORDED ENTRIES

MONDAY AUGUST 15

*Submissions after these dates will not be accepted. Late withdrawals will not be reflected in the Program.

* Separate Entry Forms must be submitted for Duet and Group/Ensemble nominations.

| | | | | |
|-------------------------|--|-----------------------|--|---------------------------------|
| NAME OF GROUP/ENSEMBLE: | | AGE OF OLDEST MEMBER: | | ADULT: <input type="checkbox"/> |
| CONTACT NAME: | | CONTACT NUMBER: | | |
| EMAIL ADDRESS: | | SCHOOL NAME: | | |

ENTRY FEE - \$15.00 PER ITEM

Nomination fees must be paid in full upon submission of forms.

NOTE: Items may be divided depending on numbers and types of nominations received, eg. according to age/instrument/genre etc.

| ITEM NUMBER | NAME OF ITEM | PRE-RECORDED PERFORMANCE? | NUMBER OF PERFORMERS IN EACH ITEM | FEES \$15.00/Item |
|--|---------------------------------|---------------------------|-----------------------------------|---------------------------|
| <i>e.g. 10</i> | <i>e.g. Small Ensemble Open</i> | <input type="checkbox"/> | <i>e.g. 4</i> | <i>e.g. 15.00</i> |
| | | <input type="checkbox"/> | | |
| | | <input type="checkbox"/> | | |
| | | <input type="checkbox"/> | | |
| | | <input type="checkbox"/> | | |
| | | <input type="checkbox"/> | | |
| | | | | Total Item Fees \$ |
| Donations are gratefully accepted Would you like your name/s included in the Donations List? Yes <input type="checkbox"/> No <input type="checkbox"/> Name: _____ | | | | Donation \$ |
| EFT Payment Reference (Entrant's name): _____ | | | | Total payment \$ |

PLEASE RETURN PAYMENT AND FORM IN A SEALED ENVELOPE TO:

Attn: Treasurer, Charleville Performing Arts Assoc Inc

| | |
|---------------------------------|---|
| By Post: | Deliver to: |
| PO Box 13, Charleville QLD 4470 | Wilkinson's Jewellers, Alfred St, Charleville |

PAYMENT METHODS (SELECTED OPTION):

| | | |
|--|---|---|
| <input type="checkbox"/> Electronic Funds Transfer (EFT) Charleville Performing Arts Assoc BSB: 084-500 ACCOUNT: 98 325 4270 REFERENCE: Entrant's name EMAIL RECEIPT TO: treasurercpaa@gmail.com | <input type="checkbox"/> Cheque/Money Order TO: Charleville Performing Arts Assoc Inc | <input type="checkbox"/> Cash No change given |
|--|---|---|

AGREEMENT & MEDIA PERMISSIONS

Read carefully and sign:

- I have read and hereby agree to abide by the 2022 Schedule, Notes and Conditions Document.
- I wish to **OPT-OUT of recording/photography** for the above performances. i.e. I **DO NOT** give permission for Charleville Performing Arts Assoc Inc to **publish images or recordings** of my performance/s on Social Media or the Internet.

Signature: _____ Date: _____

ENQUIRIES: charlevilleperformingarts@gmail.com