

CHARLEVILLE PERFORMING ARTS FESTIVAL 2023



Solo Nomination Form

FINAL SUBMISSION DATES: **NOMINATION FORMS AND FEES** **MONDAY 17TH JULY (T3, WK2)**
RECORDED BACKING MUSIC (IF NOT USING ACCOMPANIST) **FRIDAY 11TH AUGUST (T3, WK6)**
PRE-RECORDED ENTRIES **MONDAY 14TH AUGUST (T3, WK7)**

*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.

PERFORMER'S NAME:		GRADE:		ADULT: <input type="checkbox"/>
CONTACT NAME:		CONTACT NUMBER:		
EMAIL ADDRESS:		SCHOOL NAME:		

ENTRY FEE - \$5.00 PER ITEM NB: BURSARY AVAILABLE FOR >5 SOLOS PER PERFORMER. PLEASE CONTACT COMMITTEE PRIOR TO PAYMENT.

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?	INSTRUMENT / DANCE TYPE	FEES \$5.00/Item
e.g. 3	e.g. Instrumental Solo Primary	<input type="checkbox"/>	e.g. Drums	e.g. 5.00
		<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 NOMINATION FORM IN A SEALED ENVELOPE TO:

Attn: Treasurer, Charleville Performing Arts Assoc Inc:

By Post: PO Box 13, Charleville QLD 4470	Deliver to: Wilkinson's Jewellers, Alfred St, Charleville
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PAYMENT METHODS (SELECTED OPTION):

<input type="checkbox"/> Electronic Funds Transfer (EFT) Charleville Performing Arts Assoc (National Australia Bank) 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
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AGREEMENT & MEDIA PERMISSIONS:

Read carefully and sign:

- I have read and hereby agree to abide by the 2023 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