



ENTERTAINER REQUEST FORM

Performance Name	
Contact Person	
Home Phone	
Mobile Phone	
Email Address	
Address	
Web Address	

Additional Information

Number of People in your act: _____

Type of act: _____

If singer/s, do you have your own backing music on CD: YES NO

Items you use for your act: _____

What do you require from us: _____

Preferred performance time: Morning Afternoon Evening

Performance length: _____

Is there a cost associated with your performance: _____

How much: _____

Are you professional: _____

Do you have Public Liability Insurance: _____

Do you have an ABN: _____

Do you want to be considered for other events and possible performances? YES NO

Do you want to be added to our enewsletter to be kept updated? YES NO

Please complete all sections of this form and return it to mmclean@cockburn.wa.gov.au or Marilyn McLean, C/o City of Cockburn, 9 Coleville Cres, Spearwood WA 6163. Please include CD demo, photo's and previous experience. Please include additional information if necessary.