

2010 VSA arts of MI/SE Festival Application

DEADLINE: THURSDAY, APRIL 1, 2010

Teacher/Therapist _____
Address _____ City _____ Zip Code _____
Phone # _____ E-Mail _____

School/Organization _____
Address _____ City _____ Zip Code _____
Phone# _____ E-Mail _____

Performer/Act _____
Address _____ City _____ Zip Code _____
Phone# _____ E-Mail _____

Performance/Act (dance, vocal, music, etc) _____
Name of selection _____ Length (minutes) _____

*Brief background of Performer/Act. Attach additional information

Special needs (sound system, piano, easel, wheelchair access, etc)

Day: Friday, June 4 _____ Saturday, June 5 _____
Time Requested: _____

**Names of Performer(s) and Age(s) May attach extra page

Number of non-performing students attending _____ Number of teachers/aides _____

***ALL PERFORMERS MUST HAVE SIGNED PERMISSION/PHOTOGRAPHIC FILM RELEASE FORMS RETURNED. (INCLUDED IN PACKET)

DUE TO TIME CONSTRAINTS, PERFORMER(S) WILL BE SELECTED ON THE BASIS OF SUBMITTED BACKGROUND INFORMATION.

RETURN APPLICATION TO: e-mail to: catinc@earthlink.net
or mail to: VSA arts of MI c/o Jody Stark 15366 Glastonbury Ave, Detroit MI 48223

**2010 VSA arts MI Southeast FESTIVAL
PARTICIPATION AND PHOTOGRAPHIC/FILM RELEASE**

I give my permission for _____ to participate in the 2010 VSA arts of Michigan SE Festival, June 4, 2010 at VisTaTech Center, Schoolcraft College, 18600 Haggerty Rd. (between Six and Seven Mile Roads) in Livonia and/or June 5, 2010 at MSU Community Music School-Detroit, 3408 Woodward Ave. (on Woodward south of Mack) in Detroit.

I specifically grant my consent to the VSA arts of Michigan Southeast Regional Committee, and/or its assigns to use the likeness, voice and words of the entrant in television, radio, firms, newspapers, magazines and/or other mediums, and in any form not previously described, for the purpose of publicizing the purpose/activities of the 2010 VSA arts Festival.

I release, discharge and indemnify the VSA arts of Michigan Southeast Regional Committee, from all liability and claims which may arise during this activity or in connection therewith. I fully understand the above release and its provisions. I agree that I will be bound by its intent and I shall defend the VSA arts of Michigan Southeast Regional Committee and hold it harmless from any disaffirmance thereof.

SIGNATURE OF PERFORMER

SIGNATURE OF PARENT/GUARDIAN

DATE _____

DATE _____

ADDRESS _____

ADDRESS _____

CITY _____ ZIP _____

CITY _____ ZIP _____

PHONE # _____

PHONE # _____

PLEASE DUPLICATE FOR GROUPS