

JAMMIN DC Artist Application Form



Contact Information

Name

Phone

E-Mail Address

AVAILABILITY

During which hours are you available to perform?

DATE	MORNING 8am-11am	AFTERNOON 12pm-4pm	EVENING 4pm-8pm
Saturday, September 28, 2013	Sound Check		

GENRE OR AREA ON INTEREST

Tell us in which areas you are interested in performing

Reggae		Soca/Calypso	
Reggaeton		Dance	
Zouk		Instrument	
DJ		Other*	

- i.e. Face painting, kids storytelling etc.

PRIOR PERFORMING EXPERIENCE (Please provide any applicable material)

PERSON TO NOTIFY IN CASE OF EMERGENCY

Name	
Phone	
E-Mail Address	

AGREEMENT AND SIGNATURE

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a performer, any false statements, omissions, or other misrepresentations made by me on this application may result in my dismissal.

Name (Printed)	
Signature	
Date	

OUR POLICY

It is the policy JamminDC to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age or disability.

Thank you for completing this application form and your interest.