

**2017 FAMILY ENTERTAINMENT SHOWCASE APPLICATION**

*~ taking place on Friday February 17, 2017, throughout the day ~*

NAME OF ACT: \_\_\_\_\_

Represented by: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Type of Act (Brief description): \_\_\_\_\_

Sound Requirements: \_\_\_\_\_

Time Limit: 15 MINUTES      Sound Check: SOUND CHECK ON FRIDAY MORNING IS VOLUNTARY.

Places where act has performed (list fairs where possible): \_\_\_\_\_

***THE ACT OR ITS REPRESENTATIVE MUST BE A SERVICE MEMBER***

Each act may include the following with this application form:

\_\_\_\_\_ One page Bio                      \_\_\_\_\_ Promo Photo

\_\_\_\_\_ Brief description (no more than 50 words) to be used in the program flyer

\_\_\_\_\_ Proof of Insurance of a minimum of \$1,000,000 coverage (or willing to provide once accepted)

\_\_\_\_\_ Cheque for Fees: \$56.50 (\$50.00 + HST\* (\$6.50)) + Service Membership of \$150, if not previously paid

Please SEND ALL OF THE INFORMATION AND CHEQUES (made payable to OAAS)  
To: OAAS, c/o Kathryn Lambert, 285 Main St., Glencoe, ON N0L 1M0 ph: 519-287-3553

New address

**DEADLINE: For all material must be received by October 7, 2016.**

**CREDIT CARD PAYMENT**

Name of Cardholder: \_\_\_\_\_ Amount: \_\_\_\_\_

Card Number: \_\_\_\_\_ Exp: \_\_\_\_\_

Signature of Cardholder: \_\_\_\_\_