

PARTICIPANTS APPLICATION FORM

Performer's Name:
Performance Title:Type of Performance:
Duration of Performance
Equipment/Props Needed (if any):
Description of Performance
Contact Information
City, State,Zip Code]
Email Address:Phone
Supervisor/Parent Name
Phone Number
Declaration:
I understand and agree to abide by all the rules and regulations set forth by Fruitful Vine Foundation and its organizers. I confirm that my performance is suitable for all audiences and complies with the guidelines provided.
Furthermore, I grant permission for the event organizers to use photographs, videos, or recordings of my performance for promotional purposes related to the BIPOC Got Talent, My Mother's Kitchen, Immigration Journey and other events organised by Fruitful Vine Foundation Inc.
Signature/Date Witness by: