

**Bowman Dental Groove & Grill  
Bathurst Winter Festival  
Application Form  
Sunday 14 July 2019 11.00am – 4.00pm**

Performer Name .....

**OR**

Band Name .....

Number of Band Members .....

*Please note: each member must provide contact details in table below*

<b>Performer 1</b>	
Name	
Instrument	
Contact number	
Email address	
Postal address	
Carer/parent name	
Carer/parent contact number	
Carer/parent email	

<b>Performer 2</b>	
Name	
Instrument	
Contact number	
Email address	
Postal address	
Carer/parent name	
Carer/parent contact number	
Carer/parent email	

<b>Performer 3</b>	
Name	
Instrument	
Contact number	
Email address	
Postal address	
Carer/parent name	
Carer/parent contact number	
Carer/parent email	

<b>Performer 4</b>	
Name	
Instrument	
Contact number	
Email address	
Postal address	
Carer/parent name	
Carer/parent contact number	
Carer/parent email	

**Technical requirements:**

*Please note: stool/seat, microphone with stand and professional sound will be provided.*

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**Please provide a brief biography about you/your band:**

*This can include previous gigs/experiences, how old you are, what school you attend, or any other information you would like to share. This information will be used to introduce your performance at Bowman Dental Groove & Grill.*

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**PLEASE RETURN COMPLETED APPLICATION FORM TO:**

Dianne Jarman – Youth Development and Community Events Officer

[dianne.jarman@bathurst.nsw.gov.au](mailto:dianne.jarman@bathurst.nsw.gov.au)

**IMAGE RELEASE FORM** – this must be completed by parent/carer and returned with Application Form.

For more information, please contact Bathurst Regional Council's Community Services Section on 6333 6523.

**APPLICATION CLOSE: FRIDAY 14 JUNE 2019**

*Please note Bowman Dental Groove & Grill is a voluntary performance – monies cannot be paid to participating artists.*

*The information on this form is being collected to allow Council to process your application and/or carry out its statutory obligations. All information collected will be held by council and will only be used for the purpose for which it was collected. An individual may view their personal information and may correct any errors.*

**BATHURST REGIONAL COUNCIL - IMAGE CONSENT AND RELEASE FORM**

*If under 18 years of age please have your parent/guardian complete on your behalf. If over 18 years of age please complete yourself.*

**Section 1 Applicant Details**

**To be completed by parent/guardian:**  
I ..... (full name) warrant that I am the parent or legal guardian of ..... (full name of child) and that there are no restrictions that prevent me from agreeing to these terms.

**To be completed by individual over 18 years of age:**  
I ..... am over the age of 18 years.

1. I irrevocably consent and agree that Bathurst Regional Council has the right to take or use photographs of me and to use these and my name in any and all media, advertising and promotion whatsoever.
2. I agree that Bathurst Regional Council owns all rights in these images or photographs of me.
3. To the extent that I may own any, I assign all present and future copyright owned by me in the images and photographs of me.
4. I release and indemnify Bathurst Regional Council, its staff, assignees and licensees from and against any claims arising from any breach of this warranty and the exercise of the rights granted by me.
5. I have read and understand this statement.

Please circle yes/no and initial  
Yes      or      No      .....  
(initial)

**Section 2**

Address: .....  
.....  
City: ..... State: ..... Postcode: .....  
Phone: (.....) .....

.....  
Signature of parent/guardian/individual      Date

**Project Manager:** .....

*The information provided on this form will be held by Council in accordance with its obligations under the Privacy & Personal Information Protection Act 1998 (NSW) and will only be used for the purpose for which it was collected. An individual may view their personal information and may correct any errors.*