**Event:** The Edge - Rozelle Soundscapes **Address:** Chapel Hill - 665a Darling St, Rozelle

**Date:** Saturday23 November 2019, 11am to 3pm
Thank you for expressing interest to be a part of The Edge Festival – Rozelle Soundscapes. Please complete the following

|  |  |
| --- | --- |
| **Contact Person/s:** |  |
| **Mobile Number:** |  |
| **Email Address:** |  |
| **Facebook page** |  |
| **Website:** |  |
| **Performance Type** |  |
| **Equipment providing or required.**(Power, space, set up time etc, chairs) |  |
| **Set List**  |  |
| **Additional Info:** |  |

|  |  |
| --- | --- |
| Entertainer Signature: |  |
| Date of Agreement: |  |

**To be completed by Event Coordinator:**

Bump In Date/Time:

Bump Out Date/Time: …………………………..………………………………

Event Contact person signature:

Date: .................................................................................................

**Event Contact Person:** Lisa Smajlov

**Event Contact Person:** Mobile Number: 0414 743 011

**Please complete this form and return to the Contact Person: Lisa at**

**community@rozelle****centre.org or Rozelle Neighbourhood Centre PO Box 283, Rozelle 2039**