

Folk Federation of South Australia

ARTIST REGISTRATION FORM

Name of Artist /Group :

Contact Person :

Phone (W) : Phone (H) :

Fax : Mobile :

Email : No. of Artists in Group :

Mailing Address :

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Brief Description of Group & Musical Style :

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Usual Performance Fee :

Technical Requirements :

(please attach stage plan if appropriate)

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I/We understand that this information will be registered on a public database for use by the Folk Federation & other interested parties.

Signed by : Date :

When complete please return this form to :

Folk Federation of South Australia.

PO Box 525 Adelaide. South Australia. 5001.

Please enclose any Demo's. Bio's &/or Photo's which may assist us in promoting you.