ACL Performers' Showcase
Application 2014

NAME (Personal)_____

GROUP NAME (if applicable) _____

ADDRESS _____

CITY _____ ZIP _____

PHONE (_____) _____

EMAIL _____ WEB SITE _____

TYPE OF PROGRAM _____
(puppet show, music, storytelling, etc.)

If you have performed at a Showcase previously, list last year you were on the performance line-up: ____

NEEDS: _____
(clip on or stand up mike? CD player? Anything else? Please note that the Showcase, like most library venues, offers a small space with no fancy sound equipment. We will communicate with you specifically about sound equipment before the Showcase.)

Any special setup time needed, as for a puppet theatre? _____

My average fee for a library program is: _____

Library or other location(s) e.g. school, bookstore, etc. where I have performed:

Please initial and sign below:

Yes! ____ I want to participate in the 2014 ACL Performers' Showcase on **Saturday February 1st 2014 at Fremont Main Library, 2400 Stevenson Blvd., Fremont, CA**

Yes! ____ I have read the 2014 Performer FAQ available at www.bayviews.org/showcase/2014faq.doc

Yes! ____ I agree to pay the $25 non-refundable fee if I am selected to appear at the 2014 Showcase.

Signature: Date:

You may email this application to showcase@bayviews.org or mail it to us at the following address:
ACL Performers Showcase, PO Box 12471, Berkeley, CA 94712

All applications that are emailed / postmarked by the deadline of September **30, 2013** will be considered together. By mid-November 2013, you will receive an email regarding your appearance in next year's Showcase and giving further details of the event.

For other questions, please check the FAQ at www.bayviews.org. See you at the Showcase!