



2012 International Folk Festival – Sunday, June 24

Performer Participation Form

Organization Name: _____

Contact: _____ Phone _____

Website: _____ E-mail _____

Address: _____ City/State/Zip: _____

PERFORMANCES:

Dance Music Other _____

Country Represented: _____ # of Performers: _____

Title: _____ Length: _____ Equipment: CD TAPE OTHER _____

Preferred Performance Time: *(please put number of priority)*

2pm 2:15pm 2:30pm 2:45pm 3pm 3:15 pm 3:30pm 3:45pm 4pm
 4:15pm 4:30pm 4:45pm 5pm 5:15pm 5:30pm 5:45pm

Special Needs: _____ Hands-On Demonstration: Yes No

Please provide a BRIEF description and ONE photo in jpeg format for each item and your organization at the end of this document or on a separate paper. If you also have a color logo, please send that in addition to the grayscale version. You may be required to provide a link or video to your group's performance for review. Do not send us the names of individual participants. The information provided will be included on our website. You will receive an email confirming your schedule and other information like artist check-in; special parking, etc. We will promote your organization/group via all our PR material and will create a link to your information/website.

I hereby, for myself, my heirs, and executors waive, release, a forever discharge any all rights, and claims for damages, demands, or actions which I may have or may hereafter accrue to me against the International Folk Festival, Wade Oval, events sponsors, affiliate organizations, and its affiliated owners and all other sponsors of 2011 International Folk Festival for any and all injuries suffered even death, by me in any manner related to the International Folk Festival, including but not limited to setup, festival events, breakdown, and cleanup in said events. I further understand that I have read International Folk Festival Rules and Regulations and agree to comply.

Please return form via email: iccneo@ngmail.com or mail to International Services Center, ATTENTION: International Folk Festival, 815 Superior Avenue, Cleveland, OH 44114. For questions: 216.921-0900

Signature _____ Date _____