



Application Form

penticton.ca

Penticton Buskers Program 2024

Applicant Name: _____

Name of Performer/Group: _____

Number of Performers in Group: _____

Mailing Address: _____

City: _____ Province: _____ Postal: _____

Phone: _____ Cell (if different): _____

Email: _____

Are you a returning Penticton Buskers performer? No _____ Yes (most recent year) _____

Performance sample provided (i.e. Soundcloud, YouTube, etc.): _____

Performance sample Link URL: _____

License Duration (check one): 1 Month _____ | Full Season: _____ Proposed Start Date: _____

Style of busking - describe your act and the instruments involved:

Performance background (training or previous experience):

My signature acknowledges that I have read, understand and will abide by the City of Penticton's Busking Guidelines outlined in the Penticton Buskers Program:

Signature of Applicant _____

If applicant is under the age of 18:

Name of Parent or Legal Guardian

Signature of Parent or Legal Guardian

Office Use Only			
Date Application Received:		Approved By:	
Applicant Contacted for Audition:		Submitted to Licensing:	
Specific Conditions:			