



Application Form

penticton.ca

Penticton Buskers Program 2022

Applicant Name: _____

Name of Performer/Group: _____

Number of Performers in Group: _____

Mailing Address: _____

City: _____ Province: _____ Postal: _____

Phone: _____ Cell (if different): _____

Email: _____

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

Performance sample Link URL: _____

License Duration (please 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: | | | |