

Faery Fest Actor's Information Form

FaeryFest is happening June 21 – 22nd, 9am- 7pm,
Riverside Park, Guelph, Ontario

Please fill this form out completely and give details where possible. Please print! Thank you in advance!

~ FaeryFest commits not to sell, trade, or disclose your personal information, except for the purpose of FaeryFest! ~

Contact Information:

Your Name: _____ Age: _____ Gender: _____

Hair Colour: _____ Eye Colour _____ (for identification purposes, only)

Your Mailing Address: _____

Day Phone: _____ Evening Phone _____ Cell Phone: _____

Email: _____ Alternate Contact : _____

Please answer the following questions before going into your audition. This will help us cast you better.

1) Why do you want to participate in Guelph's FaeryFest 2008?

2) Have you ever participated in/ attended any other Renaissance/Medieval Festivals before? Please briefly describe:

3) What special talents skills do you have that may help enhance this year's FaeryFest? (Dancing, singing, juggling, etc.)

4) How did you hear about FaeryFest 2008?

5) Are you committed to attending and participating at scheduled rehearsals? Please list best weeknights and weekend days for rehearsal. Also list any big events like weddings, etc., that may conflict with a rehearsal or that may conflict with the event.

Please note:

- 1) FaeryFest actors are volunteers.
- 2) Although every effort will be made to costume most characters, some actors may be asked to provide, whole, or in part, their own costumes, and will require approval by the costume coordinator.
- 3) Actors must also provide appropriate footwear.

Faery Fest Actor's Commitment Form

Faery Fest June 21 – 22nd, 9am- 7pm

Actor's Name: _____

I hereby agree to wholeheartedly participate in scheduled rehearsals and to be in attendance for the entirety of FaeryFest. I understand that the event takes place over the span of June 21st – 22nd, and that I will need to be available between 9am and 7pm for both days.

I understand that the FaeryFest representatives will supervise all related activities and every reasonable effort will be made to maintain the safety of all actors and their property. It is understood that the FaeryFest committee, director and affiliates will not be held liable for missing items, injuries and or accidents that may occur during event related activities.

I authorize the FaeryFest representatives to secure medical advice and or services should they be deemed necessary for the health and safety of the above named actor. I agree to accept financial responsibility for medical expenses in excess of the benefit allowed by OHIP.

Actor's Signature _____ Date: _____

For actors under the age of 16:

I hereby give consent to have the named actor to participate in rehearsals and the aforementioned event and also agree to the terms laid out above. I understand that there is a sign in/out list for every rehearsal, and have listed the alternate individuals authorized to pickup the named actor.

Parent / Guardian Signature: _____ Date : _____

Printed name: _____

Others authorized to pickup this actor: (please list name and relationship)

Emergency Contact: _____

Relationship to actor: _____

Heath Card Number: _____

Doctor's Name / Phone #: _____

Allergies or Special Medical Condition: (If serious, please attach an explanation)