

**APPLICATION FORM
ENTERTAINMENT PROGRAM**



**GREEK FESTIVAL OF SYDNEY
Darling Harbour**

Saturday 25th & Sunday 26th February 2012

Sat 3pm – 11pm & **Sun** 10am – 10pm (Times subject to change)

Name of Group: _____

Contact Person: _____

Address: _____

Phone: _____ Fax: _____ Mobile: _____

Email: _____

Description of Act / Performance / Duration of performance (Please note: if accepted time of performance & duration will be dictated by the Greek Festival of Sydney):

Technical Requirements (Dies, microphones, stools etc): _____

Failure to complete this section will result in application being rejected

Preferred dates you would like to perform: _____

Number of members in group: _____

Please send your completed application form by Friday 20 January 2012.

MORE INFO FOR YOUR GROUP: You will be sent a call sheet with details of dressing rooms, performance times and stage management contacts.

For further enquiries please contact Festival Office on:
Phone: 02 9750 0440 or email greekfestival2@goc.com.au

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