

RIVERSIDE DICKENS FESTIVAL ENTERTAINER PROPOSAL

Name of Act or Group: _____

Contact or booking agent: _____ Phone: _____

Contact or Agent Email Address: _____

Number of people in Act: _____ Type of Act: _____

Act Description: _____

Act Length: _____ Do you carry your own insurance? _____

Act requirements: _____

Website Link: _____

Facebook link: _____

Youtube Links: _____

Links to your online reviews: _____

Is this a "Pass the Hat" only Act? YES NO Requested Compensation: \$ _____

*Please attach press kit, photos, videos etc to this email for review

Electronic Signature: _____ Date: _____

*Please send proposals to entertainment@dickensfest.com

*Please note that ALL members performing in the act must be attired historically accurate for a Victorian Festival