

FIRST NIGHT OF WILLIAMSBURG, INC.
Call to Artist Form -- First Night 2011

Name of Group _____ Phone _____

Contact Person _____

Address _____

E-mail _____

Number of performers: _____

Minimum space needed: _____

Are dressing rooms needed? Yes _____ No _____

Is a stage desired? Yes _____ No _____ (If yes, please elaborate on separate sheet)

Type of Music (3-4 words) _____

Description of your program: If you have not performed at First Night of Williamsburg, please send a CD along with press kit and this CTA. Website information is of no value during audition discussions in committee meetings.

Programs

Be aware that three performances are standard for the evening's program.

Length of program: 30-min _____ 45 min _____

Number of sets you can do : 2 _____ 3 _____ 4 _____

Preferred start time: 5:00 _____ 6:00 _____ KIDS SHOW Program 3:00 _____ 4:00 _____

Typically, each venue hosts two performers whose shows alternate throughout the evening. If you desire other scheduling, please explain your preference on a separate sheet. Requests are not guaranteed.

Fees

Your fee _____ for _____ sets of _____ minutes each.

Sound System

It is preferred for you to provide your own sound system. Can you provide your own system?

Yes _____ No _____ None needed _____. (If NO, understand that FN will attempt to accommodate your needs, but will probably use the system available at the selected site. This will usually be an announcement system with voice microphones.)

If you need a system, what are your needs?

Speaker system _____ Amplifier _____ Microphones _____ How many _____

CD player _____ Is rehearsal time needed? _____ How much time? _____

Set up time needed _____

Other equipment needs (table, chairs, etc. _____

Signature _____ Date _____

Print Name _____

Please submit your proposal as soon as possible to: Talent Committee Chairman,
First Night Williamsburg, Inc., PO Box 1382, Williamsburg, VA 23187-1382

Phone 757-258-5153

Website: www.firstnightwilliamsburg.org