

# Carnival of Stars 2012

## REGISTRATION FOR DANCERS & PERFORMERS

Thank you for your interest in **Carnival of Stars** ® Show on **August 4<sup>th</sup> and 5<sup>th</sup> 2011**.  
 Park at: **Richmond Memorial Auditorium, 25th and Nevin, Richmond, California.**

Legal Name: \_\_\_\_\_ Stage Name (if different) \_\_\_\_\_

Performing or Group Name	Day (s)	Time(s)
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**PLEASE NOTE:**

- Check-in 1 ½ hours before your show time and submit your music to the **STAGE MANAGER** upon arrival at **Richmond Auditorium**.
- Solo and Duet performances are between 4 and 7 minutes. Performances for Troupes of 5 or more can be up to 12 minutes. Dressing Rooms are upstairs back stage, and downstairs stage left. The upstairs bathroom in the back of the auditorium will also be available. If you are not in the wings 15 minutes before your show we will reluctantly need to drop you from the show. So be on time.  
**Please leave dressing rooms neat and clean.**
- *Important Please Read:*
- **WE DO NOT HAVE ANY RUNNERS TO GET YOU OUT OF THE DRESSING ROOMS. YOU OR YOUR TROUPE MUST BE IN THE WINGS 20 MINUTES BEFORE YOUR SHOW. AND PLEASE BE QUIET. YOU MUST CHECK IN YOUR MUSIC AND FILL OUT YOUR DANCERS CARD 2 HOURS BEFORE THE SHOW. IF YOU CANNOT COMPLY WE WILL DROP YOUR ACT FROM THE SHOW.**
- Please read and sign the liability release below and provide the names and signatures of all performers and assistants. Mail to: GHAWAZEE.COM, P.O. BOX 2102, SAUSALITO MAIN P.O., SAUSALITO, CA 94966

**RELEASE OF LIABILITY:**

*I, the undersigned, agree to indemnify and hold Melinda Cespedes (Latifa) and Linda Kozel (Alexandria) and the City of Richmond harmless, and to release the city and its employees and agents from any and all liability from any injury or loss, which may be suffered by the individual(s) or business(es) named below, in any way connected with participation in the Carnival of Stars tm annual show.*

Artist or Troupe Director's Legal Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Performing Name or Group Name: \_\_\_\_\_

Address of Artist or Troupe Director: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Phone: \_( \_\_\_\_\_ ) \_\_\_\_\_ Email: \_\_\_\_\_

**Names and signatures of all Performers/Assistants (use back of form to add more signatures):**

1. Legal Name: \_\_\_\_\_ Signature: \_\_\_\_\_

2. Legal Name: \_\_\_\_\_ Signature: \_\_\_\_\_

3. Legal Name: \_\_\_\_\_ Signature: \_\_\_\_\_

**You may also FAX this form to Latifa: FAX number 415-332-4113**