

Application to Perform

Group or Performer's Stage Name: _____

Primary Contact Person for the Group: _____

Daytime Phone Number: _____ Cell Phone Number: _____

Primary Contact Person's Email Address: _____

(Before completing the information below, please note checks and tax information must be sent to a street address. We cannot use a post office box. To be considered, you must include your City, State and Zip Code in the address section.)

Primary Contact Person's Mailing Address: _____

I/We perform as a: Solo Duo Trio Other (please specify): _____

Please describe your musical genre: _____

Please provide a two sentence description about you or your group: _____

We would like to have a sample of the type of music you perform. The sample can be in the form of a CD, a web site, or, in some instances, through a personal audition. It doesn't have to be elaborate; it just helps us get a better feel for your music.

Preferred performance location: Curtis Hixon Park Lykes Gaslight Square Park Washington Street Park

Check the box if you want to be considered to perform at: Friday Extra Concert Series SantaFest Winter Holiday Event

By agreeing to these terms, applicants indemnify, defend and hold harmless the City of Tampa, its employees, officers and agents from any and all liability, demands, claims, damages, expenses (including attorneys' fees) proceedings and cause of action of every kind and nature arising out of or connected with the applicant's (i) use, act, omission, injury, accident, occupation or control of the Department managed land or recreational facility (and any improvements thereon including any furniture, furnishings, equipment, or fixtures utilized in connection therewith) subject to the approved permit; and (ii) any breach of the approved permit.

The applicant further agrees that it will, at its own cost and expense, defend any and all actions, suits, or proceedings which may be brought against the City of Tampa, its employees, officers and agents in connections with said Department managed land and facilities (and any improvements thereon including any furniture, furnishings, equipment, or fixtures utilized in connection therewith) arising from applicant's activities, omissions, accidents, injuries, and damages on said property and will satisfy, pay, and discharge any and all judgments that may be entered against the City of Tampa, its employees, officers and agents in any such proceeding.

By signing this application, you are stating that you understand the information in this application to be true to the best of your knowledge, and that you agree to comply with City of Tampa Code of Ordinances. Should the City grant approval and a permit be issued, you agree to comply with any other requirements provided by law.

Applicant Signature: _____ **Date:** _____

Performers who are selected will be asked to complete an IRS Substitute W-9 form.



Return completed application via email to: specialevents@tampagov.net or mail to: Office of Special Events, Parks and Recreation Dept., 3402 W. Columbus Dr., Tampa, FL 33602