

IMPORTANT: Call Pepper FIRST to book space in the show: (510) 548-6128

Stage Name/Group Name _____ Day & Time _____

Please donate \$10 per dancer for 1-5 dancers; 6 or more dancers \$8 per dancer.

Showcase: \$20 per dancer. Amount Paid _____

IMPORTANT: Make all checks to: Carnival of Stars

SEND REGULAR MAIL to: CARNIVAL OF STARS, 1115 Bancroft Way, Berkeley, CA 94702.

This completed registration form and your payment must be received by MAY 15, 2024, or we will be forced to drop you from the show.

Carnival of Stars® - July 13 & 14, 2024 Registration for Dancers & Performers

Performance lengths: 1-9 dancers have up to 7 minutes; 10 or more dancers have up to 10 minutes.

For women, two dressing rooms are to the left and right of the Lobby check-in.

For men, the men's bathroom can be used as a dressing room.

Please leave dressing rooms and bathrooms neat and clean.

- Check-in by signing this form at the front desk at the door 2 hours before your show time.
- After signing in,
 - Label your music (on CD or "flash" drive/USB) with your name and performance time
 - Fill-in your announcement card
 - Take both your music (on CD or "flash" drive/USB) and announcement card to the Music Check-in table on the right, next to the drinks bar
 - DO NOT talk to the DJ

IMPORTANT:

- We do not have runners to let you know when to come to the stage.
- You/your troupe must be at the side of the stage 10 minutes before your show. If you are not ready 10 minutes before your show, we will reluctantly drop you from the show.
- Please be on time.
- Please read and sign the liability release below and provide the names of all performers. Signature of each performer can be done at the door during check-in on the day of the show.

Release of Liability

I/we the undersigned, understand that in any large gathering there is a possible risk of exposure to Covid. I/we agree to indemnify and hold harmless the Carnival of Stars ® (Melody & Pepper), Hayward Veterans Memorial Building, the City of Hayward 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(s) named below, in any way connected with participation in the Carnival of Stars ® annual show.

Artist/Troupe Director Legal Name: _____ Signature: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Additional Performers

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Name of each/all Performers/Assistants. Signatures collected upon Check-in.

1. Legal Name: _____ Signature: _____

2. Legal Name: _____ Signature: _____

3. Legal Name: _____ Signature: _____

4. Legal Name: _____ Signature: _____

5. Legal Name: _____ Signature: _____

6. Legal Name: _____ Signature: _____

7. Legal Name: _____ Signature: _____

8. Legal Name: _____ Signature: _____

9. Legal Name: _____ Signature: _____

10. Legal Name: _____ Signature: _____

11. Legal Name: _____ Signature: _____

12. Legal Name: _____ Signature: _____

13. Legal Name: _____ Signature: _____

14. Legal Name: _____ Signature: _____

15. Legal Name: _____ Signature: _____

Add any additional performer names and signatures, below.