

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

Stage Name/Group Name: _____ Day & Time _____

Main Stage or Cafe Stage

Please donate \$5 (Main stage) or \$10 (Live band) for each dancer in your troupe. Thank you.

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, 2022, or we will be forced to drop you from the show.

Carnival of Stars® - July 16 & 17, 2022 Registration for Dancers & Performers

Solo, duet and trio performances are up to 7 minutes. Troupes (4 or more) performances are up to 10.

For women, dressing rooms and bathrooms are on the lobby level, the mezzanine, and lower level.
For men, the bathroom on the Lobby level is available.

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 ONLY) with your name and performance time
 - Fill-in your announcement card
 - Take both your music (on CD ONLY) and announcement card to table to the left of stage
 - DO NOT talk to the DJ

IMPORTANT:

- We do not have runners to get you out of the dressing rooms.
- 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 to drop you from the show.
- Please be on time.
- Please read and sign the liability release below and provide the names of all performers. Signatures of each performer along with ID and proof of vaccination will be taken at Door 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), Alameda Elks Lodge, the city of Alameda 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.