



Individual  
OR Group Name \_\_\_\_\_ Contact \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Phone \_\_\_\_\_

email \_\_\_\_\_ Style of music \_\_\_\_\_

***PERFORMERS' INFORMATION***

Please list the group members, instruments/roles, performance background,

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Website with audio samples:(ie. Soundcloud, YouTube  
etc. \_\_\_\_\_)

***PERFORMANCE DATES***

Please circle **preferred dates**:

Tuesday July 4 11 18 25 August 1 8 15 22 29

Thursday July 6 13 20 27 August 4 11 18 25

Saturday July 8 15 22 29 August 5 12 19 26

Location 1: In front of CIBC

Location 2: Shuswap Park Mall (In front of Salmon Arm Liquor Store)

Contact signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please submit applications to:**  
**Mail: Attn: Events, PO Box 1928, Salmon Arm, BC V1E 4P9**  
**E: events@salmonarmdowntown.com P: 250.832.5440**