



Application materials must be postmarked by
15 March and mailed to:

Debut Atlantic
P.O. Box 3000, 5600 Sackville Street
Halifax NS B3J 3E9

Artist Application Form

Artist(s)/Ensemble Name(s) _____

Instrument(s)/Vocal Range(s) _____

Artist is a Canadian Citizen Yes No If no, please explain _____

Artist (or at least one ensemble member) has a valid Canadian driver's license Yes No

Technical Requirements* (i.e. number of chairs, music stands, piano, etc.) _____

**Please note that Debut Atlantic presents acoustic performances only. If the venue warrants it, a mic may be provided for spoken introductions.*

Proposed Tour Repertoire*

First Half

Intermission

Second Half

**Actual tour repertoire may vary from this proposed program with permission from Debut Atlantic. Successful applicants will be required to include at least on Canadian work on their final tour programs. The Proposed Tour Repertoire may be included on a separate page if required.*

Contact Name _____

Email _____ Fax _____

Mailing Address _____

Phone _____ Cell _____