



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

Debut Atlantic  
P.O. Box 575, 1505 Barrington Street  
Halifax NS B3J 2R7

# 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 \_\_\_\_\_