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**Belconnen Community Festival 2008**  
**Performer - Expression of Interest Form**

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Belconnen  
Community  
Service Inc.

Name:

\_\_\_\_\_

Organisation/Group: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Facsimile:

\_\_\_\_\_

Work Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Email address: \_\_\_\_\_

Describe your performance, outlining previous experience:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Would you require any special resources or equipment \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Email to [jan@belcomserv.com.au](mailto:jan@belcomserv.com.au) or post to Festival, PO Box 679 Belconnen ACT 2616  
or deliver to Belconnen Community Centre, Swanson Court Belconnen.