



Performance Request Form

Please completely fill out request form. Attach other sheets if necessary. Fax **both sides** to 212-957-9191.

GENERAL INFORMATION

Today's Date: _____

Organization Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Contact Name: _____ Phone: _____ Fax: _____

E-Mail: _____

PERFORMANCE INFORMATION

Venue: _____ Date: _____ Performance Time: _____ Duration: _____

Venue Address: _____

Stage Configuration: _____

Description of Event: _____

Please describe the performance, i.e. types of songs, number of songs, etc. _____

Group Requested:

- NYC Gay Men's Chorus (up to 200 singers, depending on availability)
- Broadway Voices (4 singers)
- Youth Pride Chorus (up to 30 singers, depending on availability)

TECHNICAL REQUIREMENTS (subject to change):

- Tuned piano, piano bench, piano light (may substitute Roland RD 700 electric keyboard, drummers throne, music stand, amplifier and speaker system)
- Lighted conductor's music stand (not required for Broadway Voices)
- Four wireless microphones on stands for Broadway Voices and NYCGMC
- Sound technician
- Ample dressing room(s), locked
- Bottled water for singers
- Please describe the venue's sound and/or lighting system: _____

Instructions

1. Please complete as much of this Performance Request form as possible. This will assist us in evaluating your request and responding in a timely manner.
2. Performance Request must be submitted at least 30 days prior to the performance date.
3. The Requestor **MUST** sign the form, below.
4. Please return the form to: BAPA, 676A 9th Avenue, Suite 405, New York, NY 10036 or fax to **212-957-9191**.
5. Only signed performance requests will be honored. Oral agreements to perform will not be honored without submission of this form and approval by the Executive Director.
6. If you have any questions, please Call Peter Criswell at 212-344-1777 ext.1.

Process for Review and Approval

All performance requests will be reviewed by the Music Director and Executive Director and approved based upon the following criteria:

1. Alignment with Mission: The Performance must be in keeping with the mission/vision of Big Apple Performing Arts, Inc., and maintain the integrity and brand of its performing groups.
2. Schedule: Depending on rehearsal & performance schedules and member availability, BAPA will try to accommodate dates and times. As our members work during the day, evenings and weekends are best. Without a 30 day lead time, BAPA may not be able to guarantee performance dates and times.

Costs

1. Financial Support: A performance fee is required for all performances in an amount that will help BAPA defray its costs to perform and contribute to its future efforts. Performance fees cover our cost of accompanist, artistic direction, music, rehearsal space, etc.. Performance fees will differ based on length, style, event and venue.
2. Travel: The sponsoring agency/organization will be expected to pay for round-trip transportation as well as the fee, for all events outside the borough of Manhattan.
Payment is due at time of performance unless requestor has received express written permission beforehand.
3. All Checks should be made payable to **Big Apple Performing Arts, Inc..**

Right to Cancel

Big Apple Performing Arts, Inc. reserves the right to cancel our participation in an approved event up to one hour before the requested performance time under certain conditions, including, but not limited to:

1. The time and date of the performance are changed.
2. The performance venue is changed.
3. The requestor and organization/venue contacts are not available for consultation with chorus personnel on the requested performance up to two weeks prior to the requested performance date.
4. There are any material variations from the information submitted with adequate prior notice. Whether a variation is material is subject solely to the discretion of the Executive Director.

This form is not a contract for services. It is for informational purposes only.

Signature: _____ **Print Name:** _____

Office Use Only

BAPA Executive Director _____ [] *Approve* [] *Decline* *Date* _____

Fee: _____