

ID: 09-

Date:

PERFORMANCE

Thank you for participating in the **DELISLE YOUTH GALLERY**.



The performance process requires the following 3 STEPS....

(Please print clearly)

NAME:
MAILING ADDRESS (including postal code):
CELL PHONE:
HOME PHONE:
EMAIL:
SCHOOL/COMMUNITY AGENCY:
NAME OF YOUR GROUP/STAGE NAME:
NAMES OF OTHER GROUP MEMBERS:



How did you find out about the Delisle Youth Gallery?

What did you hope to get out of participating in this year's exhibit?

Is this the first time that you will perform in the Delisle Youth Gallery?



Please complete the following:

In the description space provided below, please write a description of your performance, your inspiration and a little bit about yourself as an artist or performance group. (This information may be included in your introduction by the MC at the event, unless you specify otherwise. Your performance or group name will be included in the program.)

Performance Title/Group Name:	Group Members:
Type of Performance:	
What is the approximate time length of your performance?	
Artist(s)/Group Profile:	
Inspiration for your performance:	

Please outline how you would like to be introduced by the MC:	
If you have a demo or music file/website, please provide the information here:	
Please outline the type of (physical) space you would require to perform:	
Please outline any equipment you typically use when performing. Please note that we can supply only the following (you will need to bring your own guitar and bass amps): two mikes, a receiver/amplifier for the mikes, speakers & a sound technician.	
If your group includes a drummer:	
We are able to bring our own kit_____	We need a kit to be provided_____
If it is possible, I am interested in selling CDs at the show. <input type="checkbox"/> Yes <input type="checkbox"/> No	



Delisle Youth Gallery

Please Note: if you are younger than 16 years you need to have your parents/guardian sign the consent and release on your behalf.

CONSENT AND RELEASE

I, _____ hereby permit and authorize

(Print Name in Full)

Delisle Youth Services to take **my photograph/video footage** and **photograph/video footage of my submitted artwork or performance.**

I acknowledge and agree that Delisle Youth Services may publish or use the Photograph/video footage for any Delisle Youth Services purpose by any means whatsoever including, but not limited to, electronic or digital means, promotional print material such as newsletters, annual reports, brochures, for the promotions of Delisle Youth Services and the Delisle Youth Gallery at events, and for the purpose of solicitation of funds and fundraising purposes.

I acknowledge that Delisle Youth Services may not be able to control the distribution or use of the Photograph/video footage by other than Delisle Youth Services representatives. I agree that this Consent and Release is given in perpetuity and for no consideration, credit, acknowledgment or financial recompense, now and in the future. I hereby hold Delisle Youth Services harmless for any claims, actions, debts, damages injuries or losses that may arise or be incurred as a result of the taking, use, publication or distribution of the Photograph/video footage.

Name: _____

Date: _____

Address: _____

Signature: _____

Telephone No.: _____

Delisle Youth Gallery

Artist / Performer

Participants Survey I

Please be assured that all information will be kept confidential and that there will be no way of connecting you with the information you provide.

Thank you. Your time is greatly appreciated.

DATE: _____

GENDER: Female Male Other

AGE: _____

WHAT IS YOUR CULTURAL BACKGROUND? _____

IN WHAT COUNTRY WERE YOU BORN? _____

WHAT IS THE FIRST LANGUAGE THAT YOU LEARNED TO SPEAK? _____

WHO DO YOU LIVE WITH?

Parents/Family member Group Home On my own Other

WHAT IS YOUR CURRENT FAMILY INCOME?

\$10000 or less	<input type="checkbox"/>	\$60001 - \$70000	<input type="checkbox"/>
\$10001 - \$20000	<input type="checkbox"/>	\$70001 - \$80000	<input type="checkbox"/>
\$20001 - \$30000	<input type="checkbox"/>	\$80001 or more	<input type="checkbox"/>
\$30001 - \$40000	<input type="checkbox"/>	Not sure	<input type="checkbox"/>
\$40001 - \$50000	<input type="checkbox"/>	Not Applicable	<input type="checkbox"/>
\$50001 - \$60000	<input type="checkbox"/>	Declined to Answer	<input type="checkbox"/>

HOW DID YOU FIRST HEAR ABOUT THE DELISLE YOUTH GALLERY?

Guidance Counselor	<input type="checkbox"/>	Former Gallery Participant	<input type="checkbox"/>
Teacher	<input type="checkbox"/>	Friend (or another youth)	<input type="checkbox"/>
Poster at School	<input type="checkbox"/>	Another Delisle Youth Services Program	<input type="checkbox"/>
Email	<input type="checkbox"/>	Pathways To Education	<input type="checkbox"/>
Facebook	<input type="checkbox"/>	Another Committee Member	<input type="checkbox"/>
Artist/Performer	<input type="checkbox"/>	Another Social Service Agency	<input type="checkbox"/>
Probation Officer	<input type="checkbox"/>	Through Other Sources (please specify)	<input type="checkbox"/>

IS THIS THE FIRST TIME THAT YOU WILL EXHIBIT/ PERFORM IN A PUBLIC VENUE?

No Yes

APPROXIMATELY HOW MANY TOTAL HOURS DID YOU SPEND CREATING THE ART/ PERFORMANCE SUBMITTED TO THE DELISLE YOUTH GALLERY?

0 – 10 hours	<input type="checkbox"/>	31 – 40 hours	<input type="checkbox"/>
11 – 20 hours	<input type="checkbox"/>	41 – 50 hours	<input type="checkbox"/>
21 – 30 hours	<input type="checkbox"/>	51 + hours	<input type="checkbox"/>

WILL YOU BE INCLUDING YOUR INVOLVEMENT WITH THE DELISLE YOUTH GALLERY ON YOUR RESUME? No Yes Not Sure

WHAT SKILLS, IF ANY, DO YOU HOPE TO ACQUIRE AS A RESULT OF YOUR INVOLVEMENT WITH THE DELISLE YOUTH GALLERY?

WHY DID YOU DECIDE TO PARTICIPATE IN THE DELISLE YOUTH GALLERY?



PLEASE COME TO THE DELISLE YOUTH GALLERY'S 2009 EXHIBIT
The original work of Toronto youth artists

EXHIBIT OPENING: 5 – 8 pm Thursday, April 2, 2009

@ Delisle Youth Services, Suite 255, 40 Orchard View Blvd (2nd floor of the Northern District Library building, one block north of Eglinton, west of Yonge)

Come represent your own work, experience the creative works of other youth artists and enjoy refreshments with family and friends!

Contact the gallery at 416-482-0081 for more information. Bianca x 249

SAVE THE DATE:

Delisle Youth Gallery Exhibit Opening:
Thursday, April 2, 2009