

Organization_

2025 Día de Los Muertos Art Festival



Contact Name:____

Performer Application

Festival Day- Sunday, 11/2/25

Thank you for your interest in Performing at this year's Festival!

Please fill out this application in its entirety. A video audition is also required to participate. If selected to participate, a Downey Theatre staff member will reach out to your organization to gather your show materials & technical information. Please upload requested video submissions to the dropbox link that will be sent to your email from equinnarson@downeyca.org.

Email Address:	
Primary Phone: () City	<u> </u>
Group Size:	
How many Instructors/Staff will be present:	
Accessibility Needs/Special Requests:	
Time/Travel Restrictions:	
Age Range of Performers:	-
How many support vehicles are needed?:	
Photo Release	
I grant to Downey Theatre, its representatives, and employees the right to take photographs of I authorize the Downey Theatre, its assigns and transferees to copyright, use, I agree that the Downey Theatre may use such photographs of me with or without my nam as publicity, illustration, advertising, and	, and publish the same in print and/or electronically. ne and for any lawful purpose, including for example such purposes
Organizer Signature:	Date:



