

# Artist Associate Application

**PLEASE NOTE:**

- To qualify, artists must average at least 12 concert dates per year.
- Approved applications will be subject to a “child-focused” Police Background check

Tel. 905.565.6200 x3145  
Fax 905.696.2166  
Toll free: 1.800.387.5112 x3145

**Please fill in this form completely and return to:**

Artist Associate Program  
World Vision Canada,  
One World Drive  
Mississauga, ON L5T 2Y4

Artist/Group Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Referred By: \_\_\_\_\_

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

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone Number: Home: \_\_\_\_\_ Work: \_\_\_\_\_

Cell: \_\_\_\_\_

Email: \_\_\_\_\_ Website: \_\_\_\_\_

**Individual Names & Instrument Played:**

Name	Instrument	Name	Instrument
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Manager (if applicable): \_\_\_\_\_

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

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone Number: Home: \_\_\_\_\_ Work: \_\_\_\_\_

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

Booking Agent (if applicable): \_\_\_\_\_

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

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone Number: Home: \_\_\_\_\_ Work: \_\_\_\_\_

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

What types of venues do you usually book? (Halls, etc.) \_\_\_\_\_  
\_\_\_\_\_

How many concerts did you book last year? \_\_\_\_\_

How many concerts have you booked this year? \_\_\_\_\_

What is the first potential concert/tour date that is conducive to initiate involvement? \_\_\_\_\_

Do you currently have a recording out? \_\_\_\_\_

What is your music style? \_\_\_\_\_

What is the typical age group of your audience? (you may check more than one box)

family    teens    18-25    25+

Have you ever been convicted of a criminal offence for which a pardon has not been granted? If so, please explain.

World Vision Canada describes itself as a Christian, humanitarian relief and development organization.

What motivates you to apply to the Artists Associates program?

Please list three other references with phone numbers:

1. \_\_\_\_\_

Phone Number: \_\_\_\_\_

2. \_\_\_\_\_

Phone Number: \_\_\_\_\_

3. \_\_\_\_\_

Phone Number: \_\_\_\_\_

**Please send World Vision Canada the following:**

- A sample album/recording in CD form
- Any video you have produced
- Full bio/promo kit including 8x10 photo
- Itinerary from last 12 months
- Future itinerary

***FOR OFFICE USE ONLY:***

**Date received:** \_\_\_\_\_

**Notes:**

**Reviewed by:** \_\_\_\_\_

**Dated approved:** \_\_\_\_\_

**By:** \_\_\_\_\_

**Interest:**

HopeChild OR Traditional Sponsorship