WASCANA CENTRE BUSKING FESTIVAL APPLICATION

SEPTEMBER 13, 2025



Application Instructions

- Please ensure you have read and are familiar with the busking guidelines before completing • your application
- Incomplete applications will not be considered. Please attach additional information if • requested.
- Questions regarding your applications can be directed to wcvisitorservices@gov.sk.ca.

SECTION A – PERSONAL INFORMATION

(All fields marked with an astrix (*) are considered mandatory)

First Name *	Last Name *		
Address *	City	Province	Postal Code
Email Address *	Cell *		
Date of Birth	Emergency Contact Name *	Emergency Contact Phone *	

SECTION B – PERFORMANCE DETAILS

Artist Bio: Tell us a bit about yourself and your art form. This artist bio will appear on promotions for	
the Busker Festival.	

Do you perform as part of a group? And if	What is your performance name (if applicable)
so, how many in the group?	

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Category of I	Performance		
O Music	O Magic	O Dance	Other (please specify)

SECTION C – SAFETY AND COMPLIANCE

Dangerous goods include the use of substances that are flammable, toxic or hazardous and implements such as swords and knives. It includes substances that represent an immediate danger to people, property or environment and extends to instruments that may have been modified for safety but can still be perceived as dangerous.

Does your act involve dangerous goods?	O Yes	🔘 No	
Do you intend to sell recordings of your mu	usic while b	usking (if applicable)?	
O Yes O No			

DECLARATION

I certify that I am aware of the information contained in this Busking Application and attest to its completeness and accuracy. I agree to abide by all guidelines pertaining to the Wascana Centre Busking Festival, and my contract may become void should I not comply with said regulations.

NAME	SIGNATURE	DATE

DECLARATION- MINOR(S)

You must be 18 years or older to busk independently. Those who are 16 or 17 need parental consent to busk unsupervised. Buskers under the age of 16 must have a responsible adult accompanying them at all times while performing.

I certify that I am the legal guardian of the primary Busker identified in this application. Both I, and the listed applicant(s), are aware of the information contained in this Busking Application and attest to its completeness and accuracy. We agree to abide by all guidelines pertaining to Wascana Centre Busking Festival and realize that my contract may become void should we not comply with said regulations.

I also give permission for my independent(s) (who is/are over 16 years of age) to busk without supervision. Initial ______

NAME OF APPLICANT		
NAME OF GUARDIAN	SIGNATURE	DATE

SUBMITTING YOUR APPLICATION

Please submit your completed application by **Sunday, August 10**, including your photo, and a oneminute video of an example of your performance, by email to

wcvisitorservices@gov.sk.ca. All buskers will be notified as to whether they gained the

contract to perform.

For Office Use Only

Performer

has been selected to perform at the 2025 Busker Festival and receive \$200 as an honorarium. PCC Signer: _____ Date: _____