

## Fruit Loopz Youth Stage 2010: Submission Form for Master of Ceremony (MC)

Please print out this page and fill it out-then, along with any other supporting material, send it to or drop it off at:

**SOY, Sherbourne Health Centre  
333 Sherbourne Street  
Toronto, ON M5A 2S5**

If you have any questions, contact Bernice at [bchau@sherbourne.on.ca](mailto:bchau@sherbourne.on.ca) or **416-324-4100 x5312**

*\*\*Fruit Loopz actively encourages submissions from trans youth, racialized youth, and youth from outside Toronto.\*\**

**NAME OF ARTIST:  
AGE OF MEMBER:  
CONTACT PERSON:**

**HAVE YOU VOLUNTEERED/PERFORMED AT FRUITLOOPZ BEFORE?  
WHICH YEARS DID YOU PERFORM/VOLUNTEER?**

**PHONE:** \_\_\_\_\_ **E-MAIL:** \_\_\_\_\_

**SUBMISSIONS ARE DUE BACK BY MAIL OR EMAIL BY FRIDAY, APRIL 9<sup>th</sup>, 2010**

**Why would you like to be an MC for Fruit Loopz:**

**What skills, knowledge or experiences do you have that might be useful?**

**Is there anything we can do to make your experience with Fruit Loopz more accessible?**

**Performers Bio: (Please provide a \*50-word\* bio that we can use in Fruit Loopz Youth Stage program. Attach an additional sheet if necessary.) YOU MUST SEND YOUR BIO WITH YOUR SUBMISSION!**

***Note: Please include with your submission form any supporting material, e.g., CDs, photos, audio/video tapes that would help the Fruit Loopz Program Committee in its decision-making process.***

**Waiver:**

Do you give Fruit Loopz permission to print or advertise your name? Yes | No

Do you give Fruit Loopz permission to use photos or images of you for publicity purposes? Yes | No

**Contact Person (please print):**

**Phone number (where we can reach you during the day):**

**Signature:**

**Date:**