



Guernsey  
Arts  
Commission

## Busking in St. Peter Port Permit Application form.

Name of person making this application.....

**Contact details of person making this application**

**Address**

.....  
.....  
.....

**Email address**.....

**Mobile**.....

**Day time telephone**.....

**Evening telephone**.....

Name of individual performer or group.....

**Brief description of Act- for musical acts please state the style and the instruments played**.....  
.....

**Name of group leader** .....

I have read the “Busking in Guernsey Permit Application Guide” and agree to comply with the terms and code of practise if awarded a permit. I understand that failure to comply with the code of practise will result in the permit being withdrawn.

I give/do not give authorisation for my/our contact details to be passed to third parties requesting information about approved acts for other events. **(Please delete accordingly)**

Signature.....Date.....

**NB: Any applicant under the age of 18 years must ensure parental consent form is completed by parent/guardian.**

## **Busking in St.Peter.Port. Parental Consent form**

Name of child.....

Age of Child.....

As parent/guardian of the above named child I give my consent for.....to take part in the 2016 Busking season. I understand that the Guernsey Arts Commission or the St.Peter.Port Constables will not be providing supervision for participants aged under 18 and that I remain responsible for my child during any activities relating to the busking season 1<sup>st</sup> April 2016 - 30<sup>th</sup> March 2017.

Parent/Guardian name.....

Signature ..... Date.....

Parent/guardian

Email address.....

Mobile.....

Day time telephone.....

Evening telephone.....

**The Guernsey Arts Commission**

**North Esplanade**

**St.Peter.Port**

**Telephone: 709747**

**Email [info@arts.gg](mailto:info@arts.gg)**

**For office use  
Interview date**

**Date application received  
permit issued Y/N**