

Shoreline Entertainments PO Box 236 Barnstaple EX31 4ZJ

To register your act please complete this form, Items marked with an asterisk are compulsory and MUST be completed. If you need help or more information please contact us for assistance

ACT DETAILS

Name of Act*	<input type="text"/>	Type of Act*	<input type="text"/>												
Style	<input type="text"/>	Number of Artistes	<input type="text"/>												
Line-up (if applicable):	<input type="text"/>	Number of vocals	<input type="text"/>												
Readers	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px;">YES</td> <td style="width: 20px;">NO</td> <td style="width: 20px;">N/A</td> </tr> </table>	YES	NO	N/A	Back Cabaret	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px;">YES</td> <td style="width: 20px;">NO</td> <td style="width: 20px;">N/A</td> </tr> </table>	YES	NO	N/A						
YES	NO	N/A													
YES	NO	N/A													
Demo available	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px;">YES</td> <td style="width: 20px;">NO</td> <td style="width: 20px;"></td> </tr> </table>	YES	NO		If yes what format	<input type="text"/>									
YES	NO														
Video available	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px;">YES</td> <td style="width: 20px;">NO</td> <td style="width: 20px;"></td> </tr> </table>	YES	NO		CD ROM available	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px;">YES</td> <td style="width: 20px;">NO</td> </tr> </table>	YES	NO							
YES	NO														
YES	NO														
Minimum Fee*	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px;"></td> <td style="width: 20px;">Gross</td> <td style="width: 20px;">Net</td> </tr> <tr> <td>Sunday to Thursday</td> <td>£</td> <td></td> </tr> <tr> <td>Friday</td> <td>£</td> <td></td> </tr> <tr> <td>Saturday</td> <td>£</td> <td></td> </tr> </table>		Gross	Net	Sunday to Thursday	£		Friday	£		Saturday	£		Travel Radius	<input type="text"/>
	Gross	Net													
Sunday to Thursday	£														
Friday	£														
Saturday	£														
Is Act VAT registered?*	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px;">YES</td> <td style="width: 20px;">NO</td> </tr> </table>	YES	NO	If yes VAT number	<input type="text"/>										
YES	NO														
Has the act been known by any other names*	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px;">YES</td> <td style="width: 20px;">NO</td> </tr> </table>	YES	NO	If yes please list	<input type="text"/>										
YES	NO														

Public Liability Insurance/safety

Please note that we are unable to accept ANY act without PLI

Indemnity:*	<input type="text"/> Million pounds	Expiry Date	<input type="text"/>		
Insurer*	<input type="text"/>	A copy of your Certificate of Insurance will be required			
Have you a PAT certificate?*	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px;">YES</td> <td style="width: 20px;">NO</td> </tr> </table>	YES	NO		
YES	NO				

CONTACT DETAILS

Contact Name*	<input type="text"/>	Former names if applicable	<input type="text"/>		
Address*	<input type="text"/>	Daytime Tel No*	<input type="text"/>		
Town	<input type="text"/>	Evening Tel No*	<input type="text"/>		
County	<input type="text"/>	Mobile No*	<input type="text"/>		
Post Code*	<input type="text"/>	Fax No*	<input type="text"/>		
E-Mail Address*	<input type="text"/>	Date of birth*	<input type="text"/>		
Web Address*	<input type="text"/>	Passport No*	<input type="text"/>		
Sex*	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px;">MALE</td> <td style="width: 20px;">FEMALE</td> </tr> </table>	MALE	FEMALE	National Ins No*	<input type="text"/>
MALE	FEMALE				
Nationality*	<input type="text"/>	If the Act is a Company, please list the names of Directors			
National Ins No*	<input type="text"/>	<input type="text"/>			

BANKING

If you wish to be able to receive payments by BACS or direct transfer, please give your bank details

Account Name

Bank

Sort Code

Account No

DECLARATION:

This is an important and legally binding document. By ticking the Confirm Box you will be confirming your acceptance of the content. Tick the Confirm Box only if you wish to be bound by it. If you do not submit this form or the paper equivalent of it, we are prevented by law from representing you since we will be unable to place your details on our computer system or our Website, or create promotional material in order to get you work.

As the authorised representative of the Act named above I hereby apply for Registration with Shoreline Entertainments on a Non Exclusive Agency Representation basis. I give permission for the Agency to maintain my / our personal and business details in any Data Retrieval system (electronic or otherwise) and to distribute by any means necessary such of those details as may be necessary for the purposes of promoting and/or obtaining work for the Act or for meeting the requirements of any relevant Legislation. The Agency may indicate that they represent the Act in any and all promotional materials and advertising they deem necessary in order to promote the services of the Act.

I have read and accept the Terms of Business of the Agency, and agree that the Act will adhere to those terms and to those contained in any contract issued in relation to any and all work arising out of our relationship. I understand that if the Act should wish to cease being represented by the Agency I can give a minimum of 30 days notice in writing. I understand that the Act will be required to honour any and all contracts negotiated and accepted prior to the expiry of such written notice. I undertake to ensure that any ongoing commissions or other financial remuneration due is paid to the Agency promptly and in accordance with their Terms of Business.

I understand that the members of the Act are jointly and severally liable for any obligations arising out of this commitment. I declare that to the best of my knowledge and belief the information given above is true and complete.

Please tick this box to confirm your acceptance of the above*

[Terms of Business](#)

www.shorelineagency.co.uk/terms.pdf

If you would prefer to speak to somebody in person, please call 01271 325931