



Vancouver International Fringe Festival 2010 Artist Billeting Form

Fax: 604-253-1924 Email: festivalassistant@vancouverfringe.com

Please fill in all sections with as much detail as you can. You can either scan it and email it back or fax it to the number above. Our Artist Services Coordinator will be in contact with you closer to the festival. We will try our utmost to find hosts for all who apply; however, we cannot guarantee all accommodation requests.

Your Name _____

Show Title _____

Company Name _____

Phone# _____ Email _____

Have you stayed with a Fringe Festival billet before? Yes___ No___ With whom?_____

What day will you be arriving? _____

How many beds does your group require in total? _____

Can your group be separated? Yes___ No___

Who must stay together? (Please list) _____

Any allergies? (Please list) _____

Smoking or non-smoking? _____

Please indicate what kind of hours you will be keeping: _____

Would you prefer hosts who are: quiet_____ or party animals? _____

What will be your mode of transportation? My car _____ Public Transit _____

Will you require storage space? Yes (describe) _____ No_____

Any other requirements we should know about? (vegans, disabilities, alcohol-free, etc.):_____

****OFFICE USE ONLY****

Host Name _____ Phone Number _____ Email _____