



ARIZONA ASSOCIATION OF FAIRS

2022 AFA CONVENTION SHOWCASE GUIDELINES

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Membership and Dues

Talent agencies or individuals must be a member of the Arizona Association of Fairs (dues current). Membership does not guarantee appearance in a showcase.

Acts will be eligible to showcase every two years unless otherwise determined by the Showcase Coordinator or the AFA Board.

Showcase application and cancellation/replacement

An act or agency may not replace themselves with a substitution. The showcase coordinator will make the selection.

Video showcases have a three-minute time limit. The video file (in MP4 format) will be uploaded to a drop box minimum of one week prior to the convention. Acts or services that are not suitable for strolling or the stage will get preferential consideration. If time allotted allows, then additional videos that would fit in the convention strolling and stage showcase format will be considered.

Stage showcases have a 12-minute time limit. They may be performed on the stage or dance floor of the ballroom. A sound system will be provided by AFA. Any background sound must be on a common device our sound company can utilize. A sound check will be done prior to the showcases. Attendance is required.

Strolling acts may perform anytime during the Monday afternoon registration time slot. Time is limited by the scheduled registration.

Distributing promotional materials on tables is limited to those showcasing. Promotional materials may be placed at the base of your pop-up banner if you chose to pay for this marketing opportunity.

Cancellation Policy: please note that all cancelations must be 2 weeks prior to date of showcase to allow AFA showcase coordinator to replace your act. If you cancel within the 2 weeks, you may, at the Boards discretion, forfeit your next showcase with AFA for 3 consecutive years.



**ARIZONA FAIRS ASSOCIATION
SHOWCASE APPLICATION 2022**

Company Name: _____

Description of Act: _____

Type of act: ___ Strolling ___ Video ___ Stage

Represented by: Self ___ Agent ___

Name of individual or agency: _____

Mailing address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Choose One – MEMBER _____ or NON-MEMBER _____

You will be notified by email if AFA has accepted your Showcase application.

Thank you, we look forward to seeing your ACTS!!!