## **Crazy Horse Memorial Foundation®**

## 2025 Cultural Programs Application

**APPLICATION DEADLINE: January 31st, 2025** 

Please complete, sign, and return this application to be considered for **Cultural Programs** at Crazy Horse Memorial. Upon review, the Cultural Programs Manager will notify you by <u>February 14, 2025</u>, through email or phone, of acceptance or non-acceptance to selected program(s) and by a formal letter of acceptance, upon which your signature on additional documents will be required.

Name:	Business Name:					
Address:	City:	State/Province:	Zip/Postal Code:			
Phone:	Cell Phone:					
Email:	Website:					
Tribal Affiliation:	Enrollment #:					
Please check all programs you	are applying for and fully complete the	e specific section for ea	ch:			
☐ Artist in Residence Fellows	hip (AIR) $\Box$ Talking Circle Speaker Se	eries 🗌 Living Treasu	ures-Indian Arts Cultural Exchange			
☐ Dance Performers ☐ M	usic Performers					
Please indicate any accommod	dations needed due to allergies, medica	al, or physical limitation	s:			
Please indicate the dates of Crazy Horse programs you have participated in previously:						
Program	Date	es	<del></del>			
Program	Date	(Month) es	(Year)			
		(Month)	(Year)			
Program	Date	es (Month)				
Program	Date	es				
		(Month)	(Year)			
Please specify shows/program	s you have applied for or participated	in, other than at Crazy I	Horse, and awards you have won:			
Program/Show	Location		Dates			
Program/Show	Location		Dates			
Program/Show	Location		Dates			
Program/Show	Location		Dates			
Awards won:		[	Dates			
Awards won:		Dates				
Awards won:		Dates				
Please list the names of other	people who will be assisting or working	g with you at Crazy Hor	se Memorial, if chosen:			

For questions please contact Cultural Programs Manager at 605-673-4681, X 286

Please return images and all applicable pages of signed application to:

culturalprograms@crazyhorse.org or mail to

Travis Dewes, Cultural Programs Manager 12151 Ave of the Chiefs, Crazy Horse, SD 57730-8900

## **MUSIC - Native American Performers and Storytellers**

What: Crazy Horse Memorial strives to properformers/storytellers from across North Native American culture with diverse group content of your music performance.	America. Performances are to ser ps of visitors from all different place	ve as a creative brid ces, cultures, and wa	ge and be a positive o	opportunity to share
<b>Who:</b> Any enrolled tribal member of the Ir groups will need to designate a head performances. Proof of enrollment of the audition video or link to video of a prior performance.	rmer or main contact. The head ponead performer must be included	erformer must be at	least 18 years or olde	er as of the first day of
Additional Performers-Please include other additional performers/ group members in a		better support plann	ing and preparation,	list the names of
Additional Performer Name(s):	Address:		Tribal Affiliation	on:
<ul> <li>When: Daily music performances are held 5:30pm.</li> <li>Performers (4 daily 30-minute performances experience)</li> <li>Please circle preferred or available da Monday Tuesday</li> <li>Please indicate dates when you would</li> </ul>	mances at 12:30am, 2:30pm, 4:30  ys of the week: Wednesday Thursday	om, and 5:30pm).	2025, at 12:30am, 2 Saturday	Sunday
<ul> <li>Special Events and Celebrations Performs not limited to Blast Night Events; Rally Please indicate below if you are interest.</li> </ul>	y Week; Labor Day; Native America	ans Day, etc.	·	cial events including but
☐ Yes, I am interested in ad Where: Performances will be inside the Co Horse Memorial if necessary to accommod THE NATIVE AMERICAN EDUCATIONAL ANI	vered Porch. In case of inclement late safety. Some special perform	weather, performan		to another area at Crazy
Meals & Housing: Performers will receive of performers joining the contracted perform performance or are serving in a manageria	er are allowed one buffet meal at	Laughing Water Res	taurant if they are pa	rticipating in the

**Transportation:** Performers are responsible for their own transportation to and from Crazy Horse Memorial for performances.

**Compensation:** Performers receive \$150 per performance, as specified on the Performance Schedule Agreement, and based on the number of performances, not the number of people in the group. Special Events Performer rates vary based on the length and type of performance or event, as negotiated in the signed Performance Schedule Agreement.

## **Guidelines:**

meals.

- Performers are invited to share their cultural background by interacting with the public and demonstrating their artistic process.
- Performers are expected to arrive at least 30 minutes before performance times.
- Performers are expected to uphold a 50/50 split between performing music and speaking, respectively, for every performance.
- Content of performances should be positive, educational, entertaining, and appropriate for family audiences.
- Performers should exemplify a strong work ethic, a professional demeanor, and positive and appropriate communications.
- Performers are allowed to sell merchandise including but not limited to books, CDs, artwork, etc., <u>but must obtain advanced</u> <u>approval from the Cultural Programs Manager</u>. A current South Dakota Sales Tax License is also required.
- Soliciting of tips before, during, or after performances is **strictly prohibited** at Crazy Horse Memorial.

Cancellation: Accepted performers must notify the Cultural Programs Manager, on or before March 28, 2025, if they are unable to participate for any reason. Notification after the deadline or failure to appear at the Crazy Horse Memorial as scheduled, could disqualify applicants from applying for cultural programs for 2 years.

Please be prepared to submit the following documents <u>if accepted</u> (Due March 28, 2025):

- Biography (New Applicants only)
- Photo of Performer/Group (email jpegs preferred)
- Description/Proposal for Performance\*
- Completed W-9 Form

- SD Tax License (Only if Selling Merchandise)
- Tribal ID (New Applicants only)
- Audio/Video Sample Links (New Applicants only)
- Proof of Liability Insurance