



SANTEE SUMMER KNIGHTS

Entertainer Application

June 2026



Entertainers,

Thank you for your interest in our event.

Kiwanis Club of Santee looks forward to working with you.

Please complete the following:

1. Entertainer Application signed by Owner/Primary Contact.
2. Rules and Regulations
3. Waiver of Liability and Hold Harmless Agreement
4. Signature Pages signed by Owner/Contact and all workers.

If you have any questions or concerns, please contact us at
santeekiwanis@gmail.com or call A.J. Tota at (619) 500-4299

Kiwanis Club of Santee reserves the sole right to select participation as it deems appropriate.

Santee Summer Knights event team



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This application is for Entertainers who are interested in performing at the Santee Summer Knights Medieval Renaissance event (SSK) which takes place

June 5th, 6th and 7th, 2026 9000 Edgemoor Dr. Santee CA 92071.

SSK is open Friday from 5pm to 9 pm, Saturday 10am to 8pm, and Sunday 10am to 5pm.

Please read **the Rules and Regulations** page carefully, as it contains important information about unloading access, set-up, tear-down, parking, and more.

Act Information

Business Name: _____

Act Name (if different): _____

Contact's Name: _____

Mailing Address: _____

Phone Number: (____) ____ - _____ Email Address: _____

Website/Social Media Link: _____

Description of Act

Please provide a detailed description of the Act (Stage Show, Street Performance, Etc.) you intend to perform at this event: (Please attach photos of the act/performers)

____ Stage Show ____ Street Performer Length of Show: _____ Minutes

Act's Fees

What is your requested Fee for our event? (requested fees are subject to consideration and open to potential renegotiation). \$ _____

How many performances per day does that fee cover? _____

How many days of the event does that fee cover? _____

What amount does your act require for a deposit \$ _____



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Act's Needs

Please describe what your group needs from us to perform at our event (we make no guarantees, but we will do our best to accommodate you. There will be limited space within a tent city area for any overnight camping.)

Act's Gate List

Please list all people in your group, including yourself, who will be working this event:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

Each Act must carry a 1-million-dollar Liability Insurance Policy, of which Kiwanis Club of Santee at P.O. Box 710432 Santee Ca 92072 is named as additionally insured. Please contact santeekiwanis@gmail.com if insurance is an issue.

Please email signed applications to santeekiwanis@gmail.com **April 3, 2026**



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I have read and understand the above contract and agree to its terms and conditions.

Contact's Signature: _____ **Date:** _____

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Kiwanis Club of Santee Use Only

Agreed Upon Terms: _____ Performances Friday Evening

Agreed Upon Terms: _____ Performances/Saturday and Sunday

Total Fee\$ _____ Deposit: \$ _____ Due by: ____/____/2026 Deposit Paid: _____ Act Paid: ____/____/2026

Act Approved _____ Printed Name of Approver: _____

Kiwanis Signature: _____

Date: _____