

BATTLE OF THE BANDS 2010

APPLICATION FORM

Band Name:

Music Type:

Primary Band contact person:

	Band Member Name (Include full name and nickname if different)	Age as of 1/1/09	School Attending	Year in school (Fr/Soph/Jr/Sr)	Instrument Played	Vocals (Y/N)	Phone	Email address
1								
2								
3								
4								
5								
6								
7								
8								

Player questions:

Does drummer play a right-handed kit?

Do all acoustic guitars have pickups?

Number of keyboards / types?

Do all keyboards have 1/4" line level outputs?

Describe any electronic percussion / loops

Describe any acoustic percussion

Unusual instrumentation – describe
(Anything that would require special microphone or direct box consideration)

	Song titles proposed to be performed:	Original / Cover	Lyric sheet attached	Approx. length (time)
1				
2				
3				
4				

