

2010 Battle of the Bands

Competition Information Sheet

Band Name: _____

Type of Music: _____

Band Contact: _____ Age: _____ Phone: _____

Address: _____

Email: _____

Band Member: _____ Age: _____ Phone: _____

Band Member: _____ Age: _____ Phone: _____

Band Member: _____ Age: _____ Phone: _____

Band Member: _____ Age: _____ Phone: _____

Band Member: _____ Age: _____ Phone: _____

Band Member: _____ Age: _____ Phone: _____

Adult Contact: _____ Phone: _____

For Office Use Only:

Date of Event: _____ Time Slot: _____

Date signed rules turned in: _____

******Please turn in form with demo or write in your band link that includes a demo of your music.***

Band Website/Demo Link: _____