



BATTLE OF THE BANDS OFFICIAL APPLICATION

Choose Your Battle:

- Rock - May 23rd Country - June 13th
 Blues/Jazz - July 11th Bluegrass/Americana - August 15th

Band Name: _____

	Member Name	Age	Instrument
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____

Band Representative Name: _____

Email: _____ Phone: (____) ____ - _____

Website / Social Media Page: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Please list any special requirements (*outside of the provided backline*): _____

I understand that this application is not a binding agreement and that my band may or may not be selected to perform in Battle of the Bands. _____

Band Representative Signature

Date

Submit completed application, including demos/EPK to:

Via Mail: Saloon Studios Live, 313 Old West Road, West Jefferson, NC 28694

Via Email: info@saloonstudioslive.com

I have read, understand & agree to all rules outlined in the “Battle of the Bands Rules” document.

I, _____ (*band representative signature or Parent/Guardian if participant is under the age of 18*) grant Saloon Studios Live the right to use my physical likeness, biographical material, contact information as well as any other relevant information on the Saloon Studios Live website and any other multimedia applications used for promotional purposes.

For more information, visit www.saloonstudioslive.com/battleofthebands or call (336) 877-2374.