



Pembroke Waterfront FESTIVAL



180 Minutes of Music Application Form

NAME OF BAND: _____

NUMBER OF MEMBERS: _____

BAND MEMBERS:

	<u>Name:</u>	<u>Phone Number:</u>	<u>Instrument:</u>	<u>Age:</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____
7.	_____	_____	_____	_____

PRIMARY CONTACT:

Name: _____ Email: _____

Mail Address: _____

City: _____ Province: _____ Postal Code: _____

Home Phone: _____ Work Phone: _____

Alternate Phone: _____

Fax Number: _____

Website Address (If Applicable): _____

ALTERNATE CONTACT:

Name: _____ Email: _____

Mail Address: _____

City: _____ Province: _____ Postal Code: _____

Home Phone: _____ Work Phone: _____

Alternate Phone: _____

Fax Number: _____

Website Address (If Applicable): _____

STYLE OF MUSIC:

(Please choose one of the following)

- | | | |
|--|--------------------------------|--|
| <input type="checkbox"/> Alternative | <input type="checkbox"/> Blues | <input type="checkbox"/> Country |
| <input type="checkbox"/> Dance/Techno | <input type="checkbox"/> Folk | <input type="checkbox"/> Hip-Hop/Rap |
| <input type="checkbox"/> Inspirational | <input type="checkbox"/> Jam | <input type="checkbox"/> Jazz/Funk/Fusion |
| <input type="checkbox"/> New Age | <input type="checkbox"/> Pop | <input type="checkbox"/> Punk |
| <input type="checkbox"/> Reggae | <input type="checkbox"/> Rock | <input type="checkbox"/> Singer/Songwriter |
| <input type="checkbox"/> Ska | <input type="checkbox"/> Other | |

If Other, Please Indicate your style: _____

PLEASE ENCLOSE IN ONE PACKAGE:

- Completed Application Form
- A Demo CD *
- Optional: Press Kit, Photo, Bio, etc. *

*Materials will not be returned