

Evendale Recreation Department—Band Application

Bands that are interested in performing in any of our Special Events must fill out this application in its entirety. Incomplete applications will not be reviewed. This form is for informational purposes only and does not imply a contract between the band and the Village of Evendale. Your information will remain on file and will be reviewed periodically by an individual or individuals. **Should your band be selected we will contact you for an interview.** Thank you for your interest in our events.

AFTER COMPLETING THE APPLICATION, YOU MUST SAVE IT ON YOUR COMPUTER PRIOR TO SUBMITTING. THANK YOU!

1. CONTACT INFORMATION

Lead Contact Name: _____

Street Address: _____

City, State, Zip: _____

Phone Number with Area Code: _____

E-Mail Address: _____

2. BAND INFORMATION

Band Name: _____

Number of band members: _____

Music Style/Genre: _____

Length of time the band has been performing together: _____

Original, Cover or both? (if cover, give examples of artists/songs): _____

3. WHERE CAN WE HEAR YOUR MUSIC RIGHT NOW?

Name of venue(s)—Please indicate indoors or outdoors: _____

4. DO YOU HAVE A WEBSITE?

Web address or "no": _____

5. DO YOU HAVE ANY DEMO VIDEOS OR AUDIO FILES THAT CAN BE ACCESSED THROUGH FACEBOOK, YOUTUBE, MYSPACE, ETC.?

Web address(es) or "no": _____

6. INFORMATION ON YOUR COMPENSATION NEEDS.

The range of compensation in U.S. Dollars: _____

Variables in compensation (i.e. do you have various performance packages based on sound, travel, etc.):

Options on performance sets (i.e. 2x45 minute sets, etc.): _____

7. MERCHANDISE INFORMATION

Type of merchandise to be sold: _____

Type of merchandise to be given away: _____

Type of merchandise to donate for a prize: _____

8. REFERENCES: Please provide TWO different references from the last 12 months.

Name: _____

Title: _____

Company/Venue: _____

Street Address: _____

City, State, Zip: _____

Phone Number with Area Code: _____

E-Mail Address: _____

Name: _____

Title: _____

Company/Venue: _____

Street Address: _____

City, State, Zip: _____

Phone Number with Area Code: _____

e-Mail Address: _____

9. TELL US ABOUT YOUR BAND

Any information that will help us to know your band better: (150 words or less) _____

SUBMIT APPLICATION BY:

Fax: 513-956-2680

Electronically: "Band Application" at Kim.Pielage@evendaleohio.org

U.S. Postal Service: Evendale Recreation Center

Kim Pielage

10500 Reading Road

Cincinnati, OH 45241