



LOCAL FOOD • LIVE MUSIC • FUN & GAMES

AUGUST 23-24

# Battle of the Bands Application

All forms and payments must be submitted by Friday, July 12 in order to qualify.

### Band Information:

Main Contact Name: \_\_\_\_\_ Group Name: \_\_\_\_\_

Main Contact Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: Day: \_\_\_\_\_ Evening: \_\_\_\_\_ Email: \_\_\_\_\_

Band Description: (please include music genre, wardrobe and your tentative song selection)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Parent/Legal Guardian or Advisor Information:

Name: \_\_\_\_\_ You Affiliation to the Group: \_\_\_\_\_

Phone Number: Day: \_\_\_\_\_ Evening: \_\_\_\_\_ Email: \_\_\_\_\_

### Please Complete the following Statement:

I \_\_\_\_\_ commit my group/band, \_\_\_\_\_, to participate in the "2013 Mentor  
(Band Member Contact) (Band/Group Name)  
City Fest, Battle of the Bands" with the acknowledgement of our parent/legal guardian or advisor \_\_\_\_\_.  
(Parent/Legal Guardian)

We have read and understand the rules and regulations, failure to comply will result in disqualification from the competi-  
tion.

\_\_\_\_\_  
(Band Contact Signature)

\_\_\_\_\_  
(Parent/Legal Guardian Signature)

Questions? Contact Colleen Thomas at (440) 974-5730 or thomas@cityofmentor.com

Presented By...

