

**BLUEGRASS MUSIC SOCIETY OF THE CENTRAL COAST'S
PARKFIELD BLUEGRASS FESTIVAL - MAY 10-13, 2018**

BAND INFORMATION FORM

Band Name: _____

Name

instrument(s)

Band Composition: _____

Dates available to perform: A check mark means band can play **ALL TIMES LISTED** on that day!

Thur. (May 10; 1 PM -10 PM) _____ Fri. (May 11; 9:30 AM -11 PM) _____

Sat. (May 12; 9:30 AM -11 PM) _____ Sun. (May 13; 9:30 AM -5:30 PM) _____

Desired performance fee: (based on three 50-60 minute sets, played over at least two consecutive days, with band available for performance on-site at least 48 consecutive hours.

NOTE: this figure will remain confidential, for use in BMSCC budgeting estimates only, and will **not** be deemed a contractual offer. \$ _____

Special accommodations desired: (e.g. lodging, airport pick-up, sound equipment hook-ups, etc.)

Availability for conducting workshops: (list band members and their subjects of interest): _____

Are you or any of you members signed up with BMI or ASCAP? BMI, yes no / ASCAP, yes no
Do you perform any music covered by BMI or ASCAP? BMI, yes no / ASCAP, yes no

Are any of your members experienced in teaching children? If so, please give details.

Please submit an electronic copy of this form to: president@bmscc.org & send a hard copy along with representative samples of music to: BMSCC, PO Box 332, Grover Beach, CA, 93483 or indicate how to access online -- minimum of 30 minutes.):

CD tracks/minutes: _____/_____ DVD tracks/minutes: _____/_____

Band's primary contact: Name: _____ Phone: _____

Mailing address: _____ E-mail: _____

Date submitted: _____ **Form completed by:** _____