# **Blue Ash Recreation Department - Band/Gig 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 City of Blue Ash. Your information will remain on file and will be reviewed periodically by a committee of individuals. Should your band be selected, we will contact you for an interview. Thank you for your interest in our events, for more information about our events, please log on to www.blueashevents.com. Thanks and good luck!

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 and 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 merchandese to donate f	or a prize:

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

Name:	
Title:	
Compa	iny/Venue:
Street /	Address:
City, St	tate, Zip:
Phone Number with Area Code:	
E-Mail	Address:
Phone	Number with Area Code:

Name	
Title:	
Compa	ny/Venue:
Street	Address:
City, S	ate, 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:

<u>Fax</u>: 513-745-8527 <u>Electronically</u>: "Band Application" at <u>recreation@blueash.com</u> <u>U.S. Postal Service</u>: Blue Ash Recreation Center c/o Band Application 4433 Cooper Road Blue Ash, OH 45242