



# Artist Registration Form

Name of Group: \_\_\_\_\_

Style/Very Brief Description:

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Number of Artists: \_\_\_\_\_

Instrumentation:

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Contact Name: \_\_\_\_\_

Contact Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Email: \_\_\_\_\_

Contact Phone to Call During Performances:

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Notes (anything unusual we need to know):

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