Artist / Band Application and Information Data Sheet

Complete this application only if you have read and agree with the requirements found at www.roxtreme.com Please fill out contact information in the way that you want it to appear for promotional purposes

Date Originally Established: Former and/or alt. Name(s): Artist Contact Person:	Phone Cell Email Title:	
Address: (street, City, State, Zip) Our Practices are held in this	City and State:	Contract of the second of the
Artist / Band Website(s): MySpace Page: (or similar) Other: (ReverbNation, etc) Logo/Art URL (web) Location: Artist Phrase/Slogan/Creed:		
if other, describe here: Category: □Heritage □Art/Fo Genres:	iast □Aspiring □Career □Ministry □ Other	CO
Artist / Band M Name Member 1: Member 2: Member 3: Member 4: Member 5: Member 6: Special Sound System Require	lembers Information and Details: Instrument(s) Requirements VoxMic rements:	
Ideal Set Time: Lone Time required f/ sound check	gest: Shortest Tolerable: Ctage Setup: Other:	
Preferred days to play: Preferred placement: □First	Times Preferred: □Middle □Last □No Preference	
Favorite Venues to play: Favorite Band to play with: Speak @ Shows: □Yes □ No What should we know about	Theme:	
Blank spaces after marked spaces are fo	or your use. Fill in as you wish. Express your style and	

who you are on this form. See: www.roxtreme.com/bandsapphelp.htm for assistance. Version2.3

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