



First Sunday Arts Festival

Musical Performance Application '11

MUSICAL PERFORMANCE APPLICATION

All applications must be accompanied by a completed stage setup diagram and a demo CD/DVD. NO CASSETTE TAPES PLEASE!

Note: applications are available to residents of Maryland, D.C. and Virginia

CONTACT INFORMATION

Group Name: _____

Contact Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Day Phone: _____ Evening Phone: _____

Email Address: _____

CHECK MOST APPROPRIATE BOX BELOW:

<input type="checkbox"/>	1920-1960
<input type="checkbox"/>	Alternative
<input type="checkbox"/>	Blues
<input type="checkbox"/>	Choral
<input type="checkbox"/>	Country
<input type="checkbox"/>	Folk
<input type="checkbox"/>	Jazz
<input type="checkbox"/>	World
<input type="checkbox"/>	OTHER

PERFORMANCE INFORMATION

Maximum number of performers on stage: _____

Have you performed at this festival in the last 3 years? YES NO

Does your group perform original music? Entirely Some None

Describe your performance exactly as you would like it to appear in PR material:

Mail to:
First Sunday Arts
586 Defense Hwy
Crownsville, MD
21032

AVAILABILITY

Please read carefully.

Please select any of the following time slots and dates that you would **PREFER** to perform. Note: Selecting one or more of these slots may increase the likelihood of your group getting a performance slot.

12noon - 1:30pm 1:30 - 3:00pm 3:00 - 4:45pm
 May 1 June 5 July 3 Aug. 7 Sept. 4 Oct. 2

Please indicate any times your group CAN NOT perform.

Signature: _____ Date: _____