

BATTLE OF THE BANDS APPLICATION FORM

| Band Name: _ | | | |
|--------------|-------------|--------------|--|
| Contact: | | Phone: () | |
| Email: | | | |
| E | BAND ME | MBERS | |
| Member 1: | Instrument: | Age: School: | |
| Member 2: | Instrument: | Age: School: | |
| Member 3: | Instrument: | Age: School: | |
| Member 4: | Instrument: | Age: School: | |
| Member 5: | Instrument: | Age: School: | |
| SON | GS TO BE F | PERFORMED | |
| Song 1: | | | |
| Song 2: | | · | |
| Song 3: | | | |