

THOUSAND OAKS TEEN CENTER BAND APPLICATION

Band Name: _____ **Date:** _____

Contact: _____
(name) (cell#) (e-mail)

Manager: _____
(name) (cell#) (e-mail)

How long has your band been together: _____

Previous Show Experience: _____

Demo attached: Yes No

Type of Music: Hard Core/Punk/Emo/Metal/Rock/Other: _____

Is your band signed with a record label? Yes No

(if yes) Which Label: _____

Do you usually play shows with the same bands? Yes No

If so, which bands?: _____

How many members in your band? _____

Info on band members:

Name: _____ **Age:** _____ **Phone #:** _____
1. _____

School: _____

2. _____

School: _____

3. _____

School: _____

4. _____

School: _____

5. _____

School: _____

How did you hear about our shows

at the Teen Center? _____

Have you ever been to a previous show at the Teen Center? Yes No

Has your band ever played a show at the Teen Center before? Yes No