

Savin Rock Festival Entertainment Application

July 27, 28, 29, 30, 2017

(Please note this is just an application for participation. If you are chosen to participate, a member of the Savin Rock Festival Committee will contact you with further details.)

Applicant Name _____

Band/ Musician Name _____

Mailing Address _____

City _____ State _____ Zip Code _____

Phone Number _____ E-mail Address _____

Number of Musicians in the Band (include all support staff) _____

Website _____

Audio/Video Links: (Bandcamp, Soundcloud, YouTube, etc.) _____

Genre Description _____

Fee (please specify for 45 min-1 hour time slot as well as 2 hour time slot) _____

Dates Available during our Festival _____

How long you will need to set up and break down _____

Have you or anyone in your band ever played the Savin Rock Festival before? If so when _____

What Band _____

Recent Performances (list **four** with dates and locations)

Form must be completed in full and submitted by Friday, March 31, 2017 in order to be considered for this year's Savin Rock Festival. Please return this form to:

Savin Rock Festival Committee
Mayor's Office
Attention: Erin Sweeney
355 Main Street
West Haven, CT 06516
Or email to esweeney@westhaven-ct.gov

If we receive your form after March 31, 2017 you may still be considered if we have space, but those who have turned their forms in on time will have priority.

If you have any questions please contact Erin Sweeney in the Mayor's Office at 203-937-3510.

Signature of Band Manager _____

Date _____

OFFICE USE ONLY

Date Received _____

Received By _____