

The Ridgefield Playhouse

Presents



Official Entry Form

All entries must be received no later than October 14, 2019

Email this form and links to audio and video recordings to:

ridgefieldbandjam@gmail.com

Read Official Rules BEFORE Completing

Ridgefieldplayhouse.org/bandjam

Today's Date: _____

Band Name: _____

How did you learn about Bandjam?

We are a High School Band (At least one member is in HS)

We are a Middle School Band (All members are in MS or below)

Type of music band plays: _____

Name of Submission Links:

Video Recording: _____

Song Name

Artist

Audio Recording: _____

Song Name

Artist

(Note: At least one of these songs must be a cover)

Contact Information

Band Member 1 (Primary Band Contact):

First Name _____ Last _____

Street _____

City _____ State _____ ZIP _____

Telephone _____ Email _____

School _____

Birth Date _____ Age _____ Grade _____

Instrument(s) _____

Band Member 2

First Name _____ Last _____

Street _____

City _____ State _____ ZIP _____

Telephone _____ Email _____

School _____

Birth Date _____ Age _____ Grade _____

Instrument(s) _____

Band Member 3

First Name _____ Last _____

Street _____

City _____ State _____ ZIP _____

Telephone _____ Email _____

School _____

Birth Date _____ Age _____ Grade _____

Instrument(s) _____

Band Member 4

First Name _____ Last _____

Street _____

City _____ State _____ ZIP _____

Telephone _____ Email _____

School _____

Birth Date _____ Age _____ Grade _____

Instrument(s) _____

Band Member 5

First Name _____ Last _____

Street _____

City _____ State _____ ZIP _____

Telephone _____ Email _____

School _____

Birth Date _____ Age _____ Grade _____

Instrument(s) _____

Band Member 6

First Name _____ Last _____

Street _____

City _____ State _____ ZIP _____

Telephone _____ Email _____

School _____

Birth Date _____ Age _____ Grade _____

Instrument(s) _____

Band Member 7

First Name _____ Last _____

Street _____

City _____ State _____ ZIP _____

Telephone _____ Email _____

School _____

Birth Date _____ Age _____ Grade _____

Instrument(s) _____

Band Member 8

First Name _____ Last _____

Street _____

City _____ State _____ ZIP _____

Telephone _____ Email _____

School _____

Birth Date _____ Age _____ Grade _____

Instrument(s) _____

Band Member 9

First Name _____ Last _____

Street _____

City _____ State _____ ZIP _____

Telephone _____ Email _____

School _____

Birth Date _____ Age _____ Grade _____

Instrument(s) _____

Parental Consent

For any band member under the age of 18, parent or legal guardian consent MUST be indicated below:

My signature below indicates I have read and agree to the terms of the Official Rules (available at ridgefieldplayhouse.org/bandjam) and approve my child's participation in the event.

Band Member 1

Parent First/Last Name _____

Telephone _____ Email _____

Signature _____

Band Member 2

Parent First/Last Name _____

Telephone _____ Email _____

Signature _____

Band Member 3

Parent First/Last Name _____

Telephone _____ Email _____

Signature _____

Band Member 4

Parent First/Last Name _____

Telephone _____ Email _____

Signature _____

Band Member 5

Parent First/Last Name _____

Telephone _____ Email _____

Signature _____

Band Member 6

Parent First/Last Name _____

Telephone _____ Email _____

Signature _____

Band Member 7

Parent First/Last Name _____

Telephone _____ Email _____

Signature _____

Band Member 8

Parent First/Last Name _____

Telephone _____ Email _____

Signature _____

Band Member 9

Parent First/Last Name _____

Telephone _____ Email _____

Signature _____