



# Kalispell Downtown Association

THURSDAY!FEST 2017

## Band Application Form

YOUR NAME : \_\_\_\_\_

YOUR EMAIL: \_\_\_\_\_

YOUR PHONE NUMBER: \_\_\_\_\_

Are you a member of the band: \_\_\_\_\_yes \_\_\_\_\_no

Are you a booking agent: \_\_\_\_\_yes \_\_\_\_\_no

BAND NAME: \_\_\_\_\_

STYLE OF MUSIC: \_\_\_\_\_

Tell us a little about the band: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Where can we listen to a sample of your music (please include a link): \_\_\_\_\_

\_\_\_\_\_

Social media link: \_\_\_\_\_