

ENTRY FORM:

Name of Band Performing:

Name of Person Submitting Application:

Address: _____ City:

_____ State _____ Zip: _____

Day Time Contact Phone Number: (____) _____ Cell: (____) _____

E-mail address: _____ Best time to be contacted: _____

Number Of People In Band: _____

NAME	AGE	INSTRUMENT	PHONE

How did you hear about this contest?

Please provide a stage plot along with this application.

Include with your application a Standard Press Kit consisting of: a CD/DVD or video, Bio and photo of your band, **must be received no later than: March 14, 2008.** Black Mountain Productions Inc. neither retains nor returns any promotional materials.

Please return your completed application and materials to:

Black Mountain Productions Inc.
Attn: Live Indie Rock Wars Contest
P.O. Box 91941
Henderson, NV 89009

(888) 404-1168

You wish to enter the Black Mountain Productions Inc., [1st Annual Live Indie Rock Wars Contest](#) and agree to abide by the rules provided by Black Mountain Productions Inc., I certify that all information provided above is true and accurate. Your signature indicates that you have agreed to abide by all rules and regulations as published on www.blackmountainproductions.com and on the forms provided.

Representative Signature: _____

Date: _____

(Parent or guardian must sign for minor under the age 18.)

Print Name: _____

****You will be notified whether or not your group has been selected as a finalist****

Each application will be reviewed by a Black Mountain A&R Member on the basis of the following:

1. Timely receipt of a completed application.
2. Uniqueness and appeal of performance.
3. Performance and attire must be appropriate for a family audience.
4. Overall presentation

The sole decision for the selection rests with the Black Mountain Productions Inc. Management Team. Black Mountain Productions Inc. has the right to reject any application for any reason.

**Thank you for your interest in being a part of the
Black Mountain Productions Inc., "Live Indie Rock Wars Contest"**

We look forward to seeing you there!

Contestant Media Information Form

Live Indie Rock Wars Contest

****Please complete and send back with application****

The following information will be provided to the Black Mountain Productions Inc. Media Department for publicity purposes and to the MC of the Contest.

Name of Band:

Contact name: _____ **Phone:** _____

How many members are in your band?

What community is your band from?

How long has your band been performing together?

How did your band come together?

What makes you band unique?

What venues have you played?

Describe your musical style
