

Music Program Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Birthdate: _____

Phone: _____ Email _____

Date Available: _____

Performance Times (weekdays/weekend):

8a-11a	12p-3p	4p-7p
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Time Preference: _____

Instrument(s) Played: _____

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Please describe your experience as a musician or attach your CV: _____

List online links to past performances or an electronic press kit (EPK) here:

*I certify that my answers are true and complete to the best of my knowledge.
I understand that this is a volunteer program, any and all sales of professional CD's must be first approved by Arts & Culture AFMSP.*

Signature: _____ Date: _____