

# SHAMROCK Austin Battle of the Bands Registration Form

This completed [Registration form](#) with the \$100.00 Registration fee, an original CD of one song selection, and an 8 X 10 photo of the band with name, address (city, state, zip) and daytime phone number to must be delivered by mail **on or before 5 pm March 8, 2006** to:

**SHAMROCK Austin**  
Battle of the Bands  
P.O. Box 342305  
Austin, Texas 78734

**Name of Band:** \_\_\_\_\_

**Primary Contact Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

## **Names of Band Members** (Be sure to include their age and instrument played)

<b>Full Name/Age</b>	<b>Instrument/Position</b>	<b>Complete Address</b>
1. _____	_____	_____ _____ _____
2. _____	_____	_____ _____ _____
3. _____	_____	_____ _____ _____
4. _____	_____	_____ _____ _____
5. _____	_____	_____ _____ _____
6. _____	_____	_____ _____ _____
7. _____	_____	_____ _____ _____
8. _____	_____	_____ _____ _____

**Name of Band:** \_\_\_\_\_

**Brief Description of the Band's genre/sound:**

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**Is the \$100.00 registration fee included (circle one)? YES or NO**

**Equipment Needed** (list all stands, mics, and quantities needed)

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**Equipment you will bring with you:**

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**Other Questions/Thoughts:** \_\_\_\_\_

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