



BATTLE OF THE BANDS – ENTRANT APPLICATION

Band Name: _____

Band Members Names: _____

Type of Music: _____

Phone / E-mail: _____

Day of Event contact phone number: _____

Brief Bio (to be read as you are introduced) _____

**Contestant voluntarily enters the Battle of the Bands and in doing so assumes all of these risks. Contestant upon entry of this contest and upon signing this form hereby agrees to waive the Greater Bluffton Chamber of Commerce, the Taste of Bluffton and all associates, volunteers, sponsors, vendors as well as any of their affiliates and successors from any liabilities of any kind arising from this event. Contestant has read all the above rules and agrees to follow them.

Signature: _____ Date: _____

Payment Received \$ 75 ____ Chamber Initials ____