

Event Date: April 25<sup>th</sup>  
6pm -8pm

**Staff Use Only**  
Date Received: \_\_\_\_\_

**EVERETT HIGH SCHOOL 2014  
WESCO BATTLE OF THE BANDS Entry Form**

Name of Band: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_ OK to text?: Yes/No  
School Name: \_\_\_\_\_ School Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_

Band Members (no stage names please)	Instruments Played
1.	1.
2.	2.
3.	3.
4.	4.
5.	5.
6.	6.

I hereby release Everett High School ASB/Leadership and all other individuals concerned from responsibility for loss of or damage to our equipment during rehearsals or the Battle of the Bands performance. I understand the bands performing are responsible for obtaining the legal right to perform copyrighted material and are liable for any and all royalty costs associated with copyrighted material. EHS ASB/Leadership can use the band names, addresses, photos and other video images for promotional use only. I have read and understand all the information presented in the Artist Agreement attached.

Signature: \_\_\_\_\_

What type of music do you play (genre)? \_\_\_\_\_

Use the space below for a short band bio (example: What is your greatest accomplishment as a band? How would you like your band to be introduced? Where was the last place your band performed?)

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Submit Entry Form and Artist Agreement to:  
Shelly Waller  
Everett High School  
2614 Colby Ave  
Everett, WA 98201  
425.385.4400