



### Person to Notify in Case of Emergency

|                  |  |
|------------------|--|
| Name             |  |
| Street Address   |  |
| City ST ZIP Code |  |
| Home Phone       |  |
| Work Phone       |  |
| E-Mail Address   |  |

### Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a band member, I, and my band, will practice to make our performance a success. (If under 18, please have a parent sign. Fill in separate form for each member under 18)

|                |  |
|----------------|--|
| Name (printed) |  |
| Signature      |  |
| Date           |  |

### Our Policy

It is the policy of Infinite Music Source to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Thank you for completing this application form and for your interest in performing.

Please send application and CD or DVD to

Infinite Music Source  
Check Out My Melody Talent Showcase  
PO BOX 3004, Torrance, CA 90510

310-480-1782