



2019 Sounds of Centerra Application

Contact Information

Band: _____

Contact: _____
Full Name & Title

Address: _____
Street Address *Apartment/Unit #*

_____ _____
City *State* *ZIP Code*

Office Phone: _____ Mobile Number: _____

Email: _____ Website: _____

Band Information

Music Genre (check all that apply)

- | | | |
|---------------------------------------|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> Rock n' Roll | <input type="checkbox"/> Motown | <input type="checkbox"/> Country |
| <input type="checkbox"/> Blues | <input type="checkbox"/> Jazz | <input type="checkbox"/> Celtic |
| <input type="checkbox"/> A Capella | <input type="checkbox"/> Big Band | <input type="checkbox"/> Bluegrass |
| <input type="checkbox"/> Funk | <input type="checkbox"/> Alternative | <input type="checkbox"/> Other _____ |

Can your group provide proof of insurance/liability coverage?

- Yes No

Have you performed at Chapungu before?

- Yes No

Do you wish to sell music CD's or merchandise onsite?

- Yes No

How did you hear about the Sounds of Centerra concert series?

- | | | |
|---------------------------------------|---|--|
| <input type="checkbox"/> Newspaper | <input type="checkbox"/> Website | <input type="checkbox"/> Word of Mouth |
| <input type="checkbox"/> Another Band | <input type="checkbox"/> Community Calendar | <input type="checkbox"/> Other _____ |



Special Needs/Requests: _____

of Band Members: _____

Band's Hometown: _____

of Years Performing: _____

Social Media Pages: _____

YouTube, Music and Web Links: _____

Dates & Locations of live performances in Northern Colorado: _____

Any dates in July/Aug that are already booked: _____

Why does your group want to perform in Loveland: _____

Performance Fee: _____

Please keep in mind this is a Free Community Event with a limited budget, please provide your best price and not a range.

IMPORTANT INFORMATION:

- Please complete this form in its entirety and either fax to 970.635.3003, email to lesa.biedron@mcwhinney.com, or mail to McWHINNEY, Attn: Lesa Biedron, 2725 Rocky Mountain Avenue, Suite 200, Loveland CO 80538. You are also welcome to include any additional information, band bios, music clips for consideration.
- Selection process could take up to two months and we will follow up directly with each applicant when the timing is appropriate. We will confirm via email when your application has been received.
- Our concert attendees are surveyed and bands/genres are highly considered and selected based on our attendees' interests. We reserve the right to exclude any bands that are not family-friendly or music that is not appropriate for all ages.
- 2019 concert dates: July 12, 19, 26, August 2 (7 p.m. - 9 p.m.) at Chapungu Sculpture Park at Centerra (east of I-25 and The Promenade Shops at Centerra)

Follow Us at: www.centerra.com • www.facebook.com/CenterraCo

For Centerra Administrator Only:

_____ Date Received _____ Follow-Up Date