

# **QUEERSTOCK FESTIVAL AND TOUR APPLICATION**

*Please fill out this application and send Press clippings, 2 CD samples, Bio, 2 Photos to:*

*Queerstock Festival, Attn: (Discipline Here), P.O. Box 8310 Atlanta, GA 31106:*

**Date:** \_\_\_\_\_

Band Name/ Artist: \_\_\_\_\_

Hometown: \_\_\_\_\_

Number of members in Band: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ FAX: \_\_\_\_\_

E-mail: \_\_\_\_\_

Band: Website: \_\_\_\_\_

Brief Bio (please fill out): \_\_\_\_\_

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## **For Office Use Only**

\_\_\_ date rec'd    \_\_\_ incomplete    \_\_\_ letter sent

\_\_\_ complete    \_\_\_ filed    **Notes:**