

## **McFarland Family Festival “Battle of the Bands” Application**

Name of band: \_\_\_\_\_

Music style: \_\_\_\_\_

Name number of band leader/contact: \_\_\_\_\_

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

Email: \_\_\_\_\_

Names of band members:

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Describe your equipment and setup needs on the back of this form.

**Attach a copy of the song titles and lyrics, and a demo tape or CD, if you have it.**

Return this completed form and attachments to the McFarland Family Festival office at: 5915 Milwaukee Street, McFarland, 53558. We will contact you to set up a time to meet later in August.