

Applicant Information (Partner)

Organization:		EIN:					
Street Address:							
Email:		Phone:					
Contact Name:							
Preferred Day:	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

Performer/Band Information

Date:		Start Time:		End Time:	
Performer/Band Name:					
Genre/Style of music:		# of band members:			
Band Website:		YouTube:			
Facebook:		Instagram:			
Twitter:		TikTok:			

Performer/Band Information

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Performer/Band Name:					
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Applicant Affidavit	
<p>I certify that the information contained in the foregoing application is true and correct to the best of my knowledge. I believe that I have read, understand and agree to abide by the rules and regulations governing the proposed Cultural Soundscapes program, and I understand that this application is made subject to the rules and regulations set forth by the town. As the applicant, I agree to comply with all of the requirements of the Town, County, State and Federal Government, and any other applicable entity which may pertain to the use of the event venue and conduct of the event. I further certify that I, on behalf of the Host Organization, am authorized to commit that the organization to be financially responsible for any costs or fees that may be incurred by or on behalf of the Event to the Town of Bartersville.</p>	
Applicant Signature:	Date:
Applicant Printed Name:	
<p style="text-align: center;">FOR OFFICE USE ONLY Notification and Authorizations</p>	