

Ignite Music Recording Grant



Application Form

Name: _____

Address: _____

Age: _____ Date of birth: _____

Phone: _____ Mobile: _____

Email: _____

What school do you attend (if any)? _____

Band Name: _____

Contact Person: _____

Phone: _____ Mobile: _____

Address: _____

Email: _____

Member name: _____ Instrument: _____

Phone: _____ Age: _____

Member name: _____ Instrument: _____

Phone: _____ Age: _____

Member name: _____ Instrument: _____

Phone: _____ Age: _____

Member name: _____ Instrument: _____

Phone: _____ Age: _____



Why do you want an Ignite Music Recording Session?

Previous performance experience?

What do you want to achieve in your recording session / studio time?



Checklist: Have you included

- Social Media links – Facebook etc (optional)**
- Band / Performer biography**
- Band / Performer photograph***

Applicants Agreement: I hereby warrant that the information submitted in this application is correct to the best of my knowledge.

*I give permission for the City of Gosnells to use our band/recording photography for promotional purposes.

Name: _____ **Signature:** _____

Date: _____

Parent / Guardian consent if applicant is under 18 years old.

Name: _____ **Signature:** _____