

Musicians - Expression of Interest

Community & Cultural Services Unit

A1. Contact Details

Surname/s	<input type="text"/>	Given Name/s	<input type="text"/>
Company/ Organisation	<input type="text"/>	ABN	<input type="text"/>
Postal Address	<input type="text"/>		
Telephone	<input type="text"/>		
Mobile	<input type="text"/>		
Email	<input type="text"/>		

A2. Band / Artist Details

Band Name	<input type="text"/>		
Music Genre (Blues, Folk, Hip Hop, Jazz, Rock, etc)	<input type="text"/>		
Number of Musicians	<input type="text"/>	Youth Members (Under 25 years of age)	<input type="text"/> Yes <input type="checkbox"/> <input type="text"/> No <input type="checkbox"/>
Website	<input type="text"/>		

A3. Insurance

Do you currently hold Public Liability Insurance?

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>