

## Marklund presents our 3rd Annual



### **The Battle of the Bands:**

Marklund is hosting our 3<sup>rd</sup> Annual Battle of the Bands on Saturday, August 29, 2009 from 2:00 pm – 8:00 pm at the Marklund Mill Creek Campus in Geneva, IL.

Band will be divided into two separate divisions (three bands will compete in each division):

- 1) Bands with members under 18
- 2) Bands with members 18 and older

### **Requirements:**

Each band will be asked to perform two original band songs, two cover songs, and one song of the bands choice. Songs must be limited to under six minutes long. **Marklund should be notified of any changes made to the band prior to performance date.**

### **Eligibility:**

Bands performing music **WITHOUT** obscene or offensive lyrics, performing live on stage are eligible to enter.

There is a non-refundable \$20.00 registration fee for each band.

**Registration does not guarantee that a band will be selected to compete.** All bands will be notified of our selection by July 17, 2009.

All registration forms must be turned in no later than **Friday, July 3.**

### **How to Register:**

Bands will also need to completely fill out registration paperwork and include their fee, bios, demos and photos to be used for a press release.

Send or bring completed forms with registration fee (in the form of a check made out to Marklund) to:

Stevie Armbruster  
Marklund  
1 South 450 Wyatt Drive  
Geneva, IL 60134

### **Equipment provided by Marklund:**

Sound system, stage, microphones

### **Prizes:**

Grand Prize in each division – 15 hours of Studio Time at Waysound Recording Studio Fox River Grove, IL.  
Great Equipment and Surprises from Hix Brothers Music in Batavia, IL.

### **Questions?**

Contact Stevie at 630-593-5473 or [sarmbruster@marklund.org](mailto:sarmbruster@marklund.org)

**Marklund's 3<sup>rd</sup> Annual Battle of the Bands  
Registration Form**

**Band Name:** \_\_\_\_\_

**Band Members:**

Name	Phone number	E-mail address	Instrument/vocals
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Style of Music:** \_\_\_\_\_

**Main Contact Person:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

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

**Upcoming Live Performances:** \_\_\_\_\_

**Length of Time Together:** \_\_\_\_\_

**Additional Information:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If you have digital images of your band, please submit them for press to Stevie Armbruster at [sarmbruster@marklund.org](mailto:sarmbruster@marklund.org).

Marklund's 3<sup>rd</sup> Annual Battle of the Bands  
Waiver Form 2009

The parties below including all participants agree to assume all risk prior to, during, and after the Marklund Battle of the Bands 2009. Participants also agree that Marklund will not be held responsible for the safety and/or security of all personal belongings while on premises of Marklund; including but not limited to their own property, equipment or personal items. Marklund also does not assume responsibility for any lost, stolen or broken belongings. Marklund has the right to refuse participation by anyone who does not meet the terms and conditions here in this form. Failure to do so may result in dismissal from competition. All decisions by the judges will not be challenged and are therefore final.

By signing below, I confirm that I (we) have read, understand and agree to the above conditions of this Waiver, Registration policies, and all competition rules and regulations. Signature by band representative is required for form to be considered. Form is incomplete if not signed and will not be considered until Marklund receives completed and signed registration form.

I, \_\_\_\_\_ am the duly responsible representative of the band  
(Print name of Band Rep.)

\_\_\_\_\_ in the matter of the band's participation in The  
(Print name of Band)  
Marklund Battle of the Bands 2009.

\_\_\_\_\_  
(Signature of Band Representative)

Home phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_

PARENT OR GUARDIAN SIGNATURE IS REQUIRED FOR EACH PERFORMER UNDER THE AGE OF 18.

By signing below, I confirm I have read and agree to the conditions of the Waiver Form and give my permission for the minor named below to perform in The Marklund Battle of the Bands.

I, \_\_\_\_\_ am the parent or legal guardian of the minor.

\_\_\_\_\_  
(Print Name of Parent or Legal Guardian)

\_\_\_\_\_  
(Signature of Parent or Legal Guardian)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Print name of Minor under age 18)

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

Other phone: \_\_\_\_\_

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