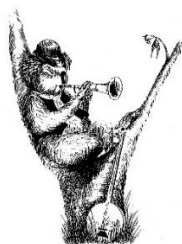


**BAND NOMINATION FORM by BANDLEADER
HALLS GAP JAZZ & BLUES FESTIVAL
26/27/28 OCTOBER 2018**



Each band will play a minimum of 2 sets in the Festival. Only valid nominations will be accepted. Selection is based on bands showing diversity of style & whose musos are not playing in more than 3 other bands. Leaders must not add nor swap a muso or 2 just to create an extra 'scratch band'.

This rule allows a greater number of musicians & bands to have a turn & for the program to be published earlier. The audiences will love this.

NAME OF BAND	
GENRE (Please circle)	CLASSIC TRAD, BIGBAND, SWING, BEBOP, MAINSTREAM, LATIN, GROOVE, BLUES, etc
BAND LEADER	
EMAIL Address	All return communication will be by email
MOBILE NUMBER	
Home ADDRESS	

FOR THIS NOMINATION TO BE VALID:

It must be received by **23 Aug 2018**.

Leaders must NOT submit this form until they have abided by ALL conditions on this form otherwise nomination is Not Valid.

Leaders must **pay \$25 band registration fee** OR supply a copy of Band's current "certificate of public liability insurance".

Leaders must enclose Bank transaction receipt as 'proof of payment' of this \$25. Bank acct is: **BSB 013 504 Ac 4060-06955**

Musicians, including leaders, must each submit a Registration form & pay their own \$15 fee by 23 Aug 2018.

Leaders must not, on behalf of a musician, submit rego form nor pay that muso's fee, unless band is a registered business.

Leaders must not engage musicians, who are already in their 3 preferred bands, to form a 'scratch band'.

Convenor is to be notified of any changes of line-up before **15th Sept 2018**.

BAND MEMBERS – Any Musicians shown here who are already in their 3 preferred bands, will not be listed in THIS BAND

GIVEN NAME	SURNAME	INSTRUMENT <small>Vocalists to supply own mike & cable</small>
(Leader)		

PLEASE CIRCLE ALL THE DAYS THE BAND CAN PLAY: **FRI 5-10pm, SAT 10am-10pm, SUN 10am-5pm**

Circle -

YES; Enclosed is a copy of my Band's current "certificate of public liability insurance" -OR-

YES; Enclosed is bank receipt for payment of \$25 band registration fee, by internet banking to **BSB 013 504 Ac 4060-06955** -OR-

YES; Credit Card details for EFT – Number: _____ Expiry: _____ CVC: _____

YES; I have contacted my musicians for their agreement to play with me. I verify that ALL my Musicians have registered & paid their \$15 fee & are NOT already in three bands. I agree that if this is not complied with or if my band attends for only 1 day it may not be programmed.

Signed by Bandleader: _____

Post or email (I will only accept low-res scans to maximum 500kb. No Photos) **forms with Bank transaction receipt 'proof of payment' of \$25 by 23 Aug 2018**

Contact Details: Don Calvert, 0428 227 261, Postal Address: **HALLS GAP JAZZ & BLUES FESTIVAL, 8 Jockey Dr, NEWSTEAD, Victoria, 3462.**

Email: festival@hallsqapjazzblues.com Web: www.hallsqapjazzblues.com Facebook: www.facebook.com/hallsqapjazzblues