

**Kalamazoo Valley Museum Performer Submission Form**

The '\*' constitutes required fields

Band Name:\*

Band Contact Person: \*

Band Email Address:\*

Band Contact Person Phone Number:\*

Band Showcase Image: \* Please attach to e-mail.

Band Members:

Band Bio:

Genre: \*

Label:

Location : \*

Band Website:

Social Media

ReverbNation Page:

Facebook Page:

Twitter Page:

MySpace Page:

SoundCloud Page:

Bandcamp Page:

YouTube:

All required fields must be completed before submission.