

2017 IOWA BLUES CHALLENGE

Entry Application

ACT NAME _____

CATEGORY: _____ Band _____ Solo/Duo

CONTACT PERSON _____
(Listed contact person is the only person CIBS will communicate with for all purposes)

ADDRESS/CITY/ZIP _____

PHONE (_____) _____ E-MAIL _____

LIST ALL ACT MEMBERS & THEIR INSTRUMENTS:
(please list age of any act members younger than 21)

PRELIMINARY ROUND PREFERENCES:

BANDS: _____ DES MOINES _____ GRINNELL _____ QUAD CITIES

SOLO/DUO: _____ DES MOINES _____ FAIRFIELD _____ QUAD CITIES

(Place a 1 next to 1st choice, a 2 next to 2nd choice, if one & a 3 next to 3rd choice, if one. Do not select a location for which you have a conflict)

We, _____ (name of act),

have read, understand, and agree to abide by the rules for the Iowa Blues Challenge.

X _____ (signature of responsible party)

ALL ENTRY MATERIALS MUST BE POSTMARKED (POSTAL ENTRIES) OR TIME-STAMPED (ELECTRONIC ENTRIES) BEFORE MIDNIGHT ON SUNDAY, June 11, 2017 – NO EXCEPTIONS!!!

Central Iowa Blues Society
P.O. Box 13016
Des Moines IA 50310

OR CHALLENGE@CIBS.ORG