

**2019 IOWA BLUES CHALLENGE
Entry Application**

ACT NAME:

CATEGORY: _____ Band _____ Solo/Duo

NAME OF RESPONSIBLE PARTY:

ADDRESS:

CITY/STATE/ZIP:

PHONE:

E-MAIL:

PRELIMINARY ROUND PREFERENCES:

(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 indicate any prelim location for which you have a conflict or are not willing to accept)

_____ FAIRFIELD 4/27 _____ DES MOINES 4/28 _____ DES MOINES 5/19

PLEASE LIST NAMES, CITY & STATE OF RESIDENCE & INSTRUMENTS FOR ALL ACT MEMBERS & AGE OF ANY ACT MEMBER UNDER 21:

By submitting this application, the responsible party listed above certifies that they and all act members listed above have read, understand, and agree to abide by the rules of the 2018 Iowa Blues Challenge.

**ALL ENTRY MATERIALS (APPLICATION/BIO/PHOTO) MUST BE RECEIVED
AT JEEFF@CIBS.ORG BY SUNDAY, APRIL 7, 2019**