

## Youth Noise Information Sheet

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

**Time making music:** \_\_\_\_\_

**Names and ages of Members if a band:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

**Influences( if any)** \_\_\_\_\_

**Special Requirements:** \_\_\_\_\_

**Preferred playing time please circle: 6 6:40 7:20 8 8.40 9:20**

All effort will be made to accommodate but cannot guarantee time

**Interesting Facts if any:** \_\_\_\_\_

**Best contact for further events required:**

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

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