



Application

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone: _____

Organization or Band/Artist Name: _____

Type of Performance: _____

Date(s) you would like to perform: _____ Times: _____

Location: _____

Instruments used (if any): _____

Describe the type of set-up (if any) you will have _____

How many people will be performing? _____

Will you be selling merchandise? _____ If yes, please describe: _____

I understand and voluntarily accept any risk of injury or damage that may occur as a result of my participation in the Busk Stop Central program. I release and hold harmless the City of Bristol Tennessee, its offices, agents and employees, from any liability for injury or damage that may occur as a result of my participation.

Signature

Date

Please complete and return to the: Department of Community Relations, City of Bristol Tennessee
100 5th St. 1W Suite H
Bristol, TN 37620
Phone: (423) 764-4171