



# South Lyon Area Pumpkinfest

Sunday , September 30th, 2018

Location: Main Stage Area



Please Print

Name of Act or Band: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Email: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_ Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

**BAND INFORMATION:** Electric or Acoustic      **Size:** Soloist Duo Trio Quartet Band

**Number of artists total:** \_\_\_\_\_ List below. *If needed additional members may be put on the back of this form.*  
You may submit up to 3 songs for the contest. Content will be reviewed and approved by the Pumpkinfest committee. Time may be limited, dependant upon entry numbers. You will be informed prior to the contest how many songs will be applicable. Song selection is up to the band pending Committee approval.

Band Member Name      Age:      Vocals or Instrument (s) Played


Song Name:      Original Artist      Song time or length


Upon signing below the applicant agrees that the City of South Lyon, The South Lyon Area Pumpkinfest, it's executive committee, staff and/or volunteers shall not be held liable for any injuries, damage or losses of any kind sustained by any participant or property, his/ her and their heirs, administrators, successors and representative or any other person or organization which may follow them. Participants, by signing this form hereby fully and forever release The City of South Lyon and The South Lyon Area Pumpkinfest Committee and it's volunteers from any and all causes of action, claims or demands of any nature, whatsoever arising out of this event. Furthermore, the undersigned hereby confirms that he/she has the legal authority to enter into this agreement on behalf of their organization. The undersigned also agrees that he/she has read and understands the restrictions of this application and agrees that he/ she and any individual representing his or her organization will abide by it's terms herein. Judges decisions are final and undisputable.

Date: \_\_\_\_\_ Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Parent signature (if under 18) \_\_\_\_\_

Print Parent Name      Parent Signature

**APPLICATION DEADLINE:**  
**Monday, Sept. 3rd, 2018**

**SUBMIT VIA: EMAIL**  
Pumpkinfest: Battle of Artists  
Email: [alisaetaylor@gmail.com](mailto:alisaetaylor@gmail.com)

