

BARCUS-BERRY®

True Expression

Barcus-Berry Artist Program Application

Thank you for your interest in the Barcus-Berry Artist Program. Please complete and return this form to the address listed at the end of this form. If the application is not fully completed, it will not be considered for review.

Date: _____

PERSONAL INFORMATION:

Name: _____

Street: _____ City: _____ State: _____ Zip: _____

Date of Birth: ___/___/___ Home Ph: (____) _____ Cell Ph: (____) _____

PROFESSIONAL INFORMATION:

Performer () Educator () Affiliation (Group or Educator) _____

How Long _____ Status with Group: Permanent () Recording () Touring ()

Where you perform: Local () National () International ()

Previous Key Musical Affiliations: _____

Websites: _____

RECORD LABEL INFORMATION:

Name of Current Label: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Contact Name: _____ Email: _____

MANAGEMENT INFORMATION

Company Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Contact Name: _____ Email: _____

Other Endorsement Companies: _____

Are you currently seeking an endorsement from any other pickup/violin company?

Yes () No ()

Instruments you currently play: _____

Instrument Color Preference: _____

Include the following items when submitting your application:

- Studio Quality CD
- Recent Photograph (digital or print)
- Personal Biography
- Band Press Kit and Tour Itinerary (if applicable)

Please note that packages will not be returned. Send to the following address:

Musicorp
Attn: Barcus-Berry Artist Relations
PO Box 63366
N. Charleston, SC 29419