



MUSICIAN'S DIRECTORY REGISTRATION FORM FOR GROUPS

GROUP NAME: _____

CITY or COUNTY: _____

PERFORMANCE STYLE:

- Bluegrass
- Gospel
- Old Time
- Other

Briefly describe yourself. Be sure to include your MUSICAL/PERFORMANCE STYLE(S) and INFLUENCES:

VENUES YOU ARE INTERESTED IN PLAYING:

- Colleges
- Community Centers
- Festivals
- Jams
- K-12 Schools
- Large venues, Concert Halls, Theaters, Arts Centers
- Small to Medium Venues
- Senior Citizens Centers
- Special Events, weddings, family reunions, private parties
- Square or Contra Dances
- Other _____

Performance Set-up Needs: (power supply, lighting, microphones, music stands, chairs, etc.)

CONTACT INFORMATION FOR BOOKING:

Contact Name: _____ Contact Name: _____

Address: _____ Address: _____

City/State/Zip: _____ City/State/Zip: _____

Telephone: _____ Telephone: _____

Email: _____ Email: _____

Fax: _____ Fax: _____

Website: _____

Additional comments:

You may either email the completed PDF to info@crookedroad.org or send to:

The Crooked Road: Virginia's Heritage Music Trail
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