



**City of Davis**  
Community Services Department  
23 Russell Blvd. Suite 5, Davis, CA 95616  
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### VETERANS MEMORIAL THEATRE INQUIRY FOR BAND PERFORMANCE

Band Name:

Label Status:

E-mail:   
Ex: [yourband@yahoo.com](mailto:yourband@yahoo.com)

Contact Name:

Phone #:   
Ex: 1-916-555-5555

City:

State:

Zip code:

### BAND ONLINE PRESENCE

Home page:

Purevolume:   
Ex: (<http://www.cityofdavis.org>)

Myspace:   
Ex: (<http://www.myspace.com/cityofdavis>)

Facebook:   
Ex: (<http://www.facebook.com/>)

Reverb Nation:   
Ex: (<http://www.reverbnation.com/>)

Music Genre:

Sub-Genre:

What kind of draw have you had for past performances:

Ex: # of tickets sold

Other venues you have performed at:

Other bands you have performed with:

Biography:

Our goal is to serve you as the band in the best possible way. In order to do that, we share information with other booking agents, Promoters, and/or venues. This allows us to continue to see the music scene grow and give you more opportunities to play. By submitting your information you are releasing it to City of Davis to use this information as they see fit.

Band Representative: \_\_\_\_\_

Signature

\_\_\_\_\_

Date

Mail this completed form to:  
Community Services Department  
23 Russell Blvd. Suite 5, Davis, CA 95616

Or email to: [vmccoordinators@cityofdavis.org](mailto:vmccoordinators@cityofdavis.org)