

MEGABAND BLAST – Legends of Tomorrow

FOR EXISTING “unsigned” BANDS/SOLO PERFORMERS ONLY. SUBMISSION IS FREE. To have your CD reviewed for possible selection, please complete this application form and send it along with: 2 (TWO) COPIES OF YOUR CD OR TAPE (no D.A.T.s, vinyl, or MP3s please), BIO, PHOTO (professional quality preferred, no photocopies or scans), STAGE PLOT / INPUT LIST, BAND MEMBER LIST, PRESS (if available) . **Submissions are accepted until 30 days PRIOR TO THE DATE OF THE NEXT EVENT.** ONLY selected artists will be contacted by email or phone. **IF selected**, all bands are required to pay the \$300 “admittance fee” WHICH INCLUDES 2 songs to be inserted on the pre-show CD as well as the AWARD SHOW CELEBRATION SIX PACK CD available to industry and attending fans in October. IF selected, your \$300 payment MUST REACH OUR OFFICE no later than 30days prior to the event date.

Mail your complete package to: AWAKE ENTERTAINMENT ALLIANCE - 2107 Danforth Ave. Suite 180, Toronto, Ontario, Canada, M4C 1K1

MARK ALL PACKAGES "PROMOTIONAL MATERIALS ONLY" to avoid paying duty if coming from across the border. You, the shipper are responsible for all shipping charges, duty and taxes, otherwise your package will not be accepted. We will acknowledge receipt of your submission by email. The listening committee will hear a maximum of three tracks, so if submitting a full album please list your top three titles. Please label all photos and CD/cassette cases with contact information. All submitted material remain the property of AWAKE ENTERTAINMENT ALLIANCE and cannot be returned. The day's timeline diagram describing the evening's activities and schedule will be sent to selected performers only.

DO NOT MAIL PAYMENT NOW. Only selected bands will be required to pay WHEN NOTIFIED OF ACCEPTANCE.

Artist nameHometown.....
State/Country

Your Name.....
Relation to band / artist
Company (if applicable)
Address
City..... State/Prov..... Zip/postal

Phone (.....) Fax (.....)

Email

Web http://.....

Current label affiliation: MAJOR ____ INDIE ____ SELF ____ NONE ____
Label
Label contact
Phone (.....) Fax (.....)

Email

Performing rights affiliation: (please circle) SOCAN BMI ASCAP SESAC NONE OTHER
Distribution: NONE ____ SELF ____ OTHER

Copyright Release date.....

Booking agency Responsible agent.....
Phone (.....) Fax (.....) Email

Management company Manager.....
Phone (.....) Fax (.....) Email