

BBACARES ARTIST APPLICATION

If completed off-line, please download, print, and complete required information. Scan & Email or send as indicated at the bottom of this application.

Do not apply as a band, individual musicians only

1: Given Name: First/Last: _____

2: Stage Name if Applicable: _____

3: Circle Closest Fit:

- a) At least 80% of earned income from live performances and music related merchandising sales. Fulltime Musician
- b) At least 50%, less than 80% of earned income from live performances and music related merchandising. Part time musician.
- c) Less than 50% of earned income from live performances and music related merchandising. Part time musician.

4: Total "household" Annual Income: _____

5: Annual Income earned "by you" from live music and merchandising sales: _____.

6: Amount of BBACARES support needed: _____

Note: The BBA will strive to assist as many qualifying applicants as possible. The funded amount distributed to each musician will be determined by available funds received and the number of qualifying applicant submissions.

7: List sources of expected income/work lost since March 1st 2020 (include 2nd sheet if needed)

Venue Name City	Booking Contact and Email or Phone #	Date of Confirmed Live Performance	Guaranteed Income or Est. Inc if Door Deal

You may email your questions to the BBA by using this address: billtownblues.1990@gmail.com

Executive Officers: President: Tom Butler Vice President: Jared Mondell Secretary: Teri MacBride Treasurer: Charlie Lockard
 Board: Chris Kulp.....David Strickler, Bernie Strosser, Lori Butler, Patty Robbins Executive Director: Bonnie Tallman
 570-584-4480 www.billtownblues.org Billtown Blues Association Inc 501 (c) 3

NOTE: For #7 above, if more space is needed, complete on additional paper and send to billtownblues.1990@gmail.com. Be sure to include your name of the paper to match with this application.

We welcome further narrative to justify your need for funding, please indicate below:

Mailing Address to receive funds:

NAME: _____

STREET ADDRESS: _____

CITY: _____ **STATE:** _____ **POSTAL CODE:** _____

CONTACT INFO IF NEEDED TO REACH YOU TO AID IN THE REVIEW PROCESS:

Tele: _____ Email: _____

ONLINE: Web/FB/INSTA: _____

APPLICATION SUBMISSION OPTIONS:

- 1: Print and send via email to billtownblues.1990@gmail.com
- 2: Print and send via USPS to BBACARES, PO BOX 2 Hughesville PA 17737

IF SUBMITTED BY EMAIL OR BY USPS, PLEASE SIGN WHERE SHOWN BELOW:

BY SIGNING BELOW, OR BY COMPLETING ONLINE AND CLICKING THE "SUBMIT" BUTTON, I HEREBY VERIFY THAT ALL STATEMENTS IN THIS APPLICATION ARE TRUE AND CORRECT, AND THAT ALL INFORMATION IN THIS APPLICATION IS ACCURATE. I ALSO AUTHORIZE THE BILTOWN BLUES ASSOCIATION, OR ANYONE WORKING ON BEHALF OF THE BILTOWN BLUES ASSOCIATION, TO CONTACT THE PARTIES LISTED IN THIS APPLICATION TO VERIFY THE ACCURACY OF THE INFORMATION CONTAINED IN IT.

Printed Name: _____

Date: _____