



Shatter the Silence Benefit CD

www.takebackthenight.org

Performer/Artist Application

Thank you for your interest in contributing your music and/or work of art to the Take Back The Night Foundation's Shatter the Silence Benefit CD! It is with great excitement that we compile this unique collection of songs and original art works to bring empowerment to the myriad voices who strive to "shatter the silence and stop the violence!" Please fill out this application as completely as possible. Feel free to use more than the space allotted by attaching a file in any of the following acceptable formats: .pdf, .txt, .doc or .docx. Please print, complete, scan and e-mail your application to Shatter@TakeBackTheNight.org. Take Back The Night Foundation reserves the right of final approval of all performances and art works.

Please print:

Name: _____

Credentials: _____

Date: _____

E-mail Address: _____

Phone: _____

Address: _____

Gender: _____

Birth date: _____

1. What is the title of your song/work of art? _____

2. Please provide your song lyrics as an attachment.

3. Do you have an agent?

Yes No

If we need to contact your agent directly, please provide:

Agent's Name: _____

Phone Number: _____

E-mail Address: _____

Business Address: _____

4. What style or genre of music or art do you perform or express? _____

5. Do you work with others or as a solo act?

Member of Group Solo Act

If you perform with a group, please include all the names and contact information for your group in a separate attachment.

6. Is your entire performance or work of art the product of your original work?

Yes No

If no, please explain using a separate attachment.

7. If you are a musician, do you currently have a recording contract?

Yes No

If so, please provide the following information:

Recording Company: _____

Contact Name: _____

Phone Number: _____

E-mail Address: _____

Business Address: _____

8. How many years have you been performing? _____

9. Do you have a website? If so, what is the address? _____

10. Do you have a MySpace profile? If so, what is it? _____

11. Do you have a Facebook profile? If so, what is it? _____

12. Can you provide three professional references?

Yes No

Name: _____

Company: _____

Title: _____

Phone Number: _____

E-mail Address: _____

Name: _____

Company: _____

Title: _____

Phone Number: _____

E-mail Address: _____

Name: _____

Company: _____

Title: _____

Phone Number: _____

E-mail Address: _____

13. Are you able to provide a sample of your performance or art?

Yes No

If so, please email your file to Shatter@TakeBackTheNight.org or mail your submission to TBTN, PO Box 332, Wayne, PA 19087. Please note that samples will not be returned.

14. Have you ever been convicted of a crime?

Yes No

If so, what type? _____

Please explain: _____

15. Are you willing to undergo a background check?

Yes No

16. How did you hear about the Take Back The Night Foundation's Shatter the Silence Benefit CD? Please pick one.

E-mail from Colleague

www.TakeBackTheNight.org

Other Website (include URL)

Blog (include URL)

Social Networking Site
Which One(s)? _____

E-mail from Take Back The Night
Foundation Staff Member

Media Outlet (include name)

Word of Mouth

Other (please list) _____

17. What is your current occupation? _____

18. Would you like to join our mailing list?

Yes No

Required Additional Attachments

In addition to your completed application, please e-mail the following to

Shatter@TakeBackTheNight.org:

- High resolution photograph of yourself
- Complete biography
- Works produced or published
- Honors, awards received
- Take Back The Night Foundation Artistic Works Release Consent and Agreement