



MUSICIAN'S DIRECTORY REGISTRATION FORM

CONTACT NAME: _____

CITY or COUNTY: _____

I am available to perform:

- as a solo artist
- as part of a group

Group name (if applicable) _____

INSTRUMENTS PLAYED:

- autoharp
- banjo
- bass
- dance
- dance calling
- dulcimer
- fiddle
- guitar
- mandolin
- singing
- storytelling
- other instrument(s) _____

PERFORMANCE STYLE:

- Bluegrass
- Gospel
- Old Time
- Other

Briefly describe yourself or your group, be sure to include your PERFORMANCE STYLE (i.e. clawhammer banjo) and 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.)

TEACHERS (please select all areas you teach):

- autoharp
- banjo
- bass
- dance
- dance calling
- dulcimer
- fiddle
- guitar
- mandolin
- singing
- storytelling
- string band
- other instrument(s) _____

Please describe the instrument and/or style that you teach (i.e. clawhammer banjo) and the student level you prefer to teach (i.e. beginning, intermediate, advanced, all levels, etc.):

Please check the type(s) of instructional formats in which you are available to teach:

- Workshops
Instrument(s) or type(s) of workshop(s): _____
Maximum Number of Participants: _____
- Classes
Instrument(s) or type(s) of class(es): _____
Maximum Number of Participants: _____
- Individual Lessons
Instrument(s) or type(s) of lessons: _____

Do you currently teach in a private school or a county school system?

- Yes. If yes, which school or school system? _____
- No

Please indicate your preferred student age group:

- Young Children (5-8)
- Children (8-12)
- Teens (13-18)
- Adults
- All Ages

CONTACT INFORMATION FOR BOOKING:

Address: _____

City/State/Zip Code: _____

Telephone: _____

2nd Telephone (if applicable): _____

Email: _____

Website: _____

Fax: _____

Additional comments:

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

The Crooked Road: Virginia's Heritage Music Trail
851 French Moore Jr. Blvd. Suite #146
Abingdon, VA 24210