



Participant Entry Form

*****All fields are required*****

Participant Name: _____

Stage Name (if applicable): _____

Email: _____ Phone: (____) _____ - _____

Preferred Method of Contact: Email___ Phone___

City: _____ State: _____

How did you hear about the Bourbon Street Battle of the Voices?:

Favorite Music Genre: _____

Favorite Artist(s): _____

If you were facing elimination and were given one chance to stay in the competition...what song would you perform? _____

My signature below certifies the above information is true. I understand that any misleading information will result in my disqualification. Also, I acknowledge and comprehend the Rules, Guidelines, and Information provided on a separate document. Lastly, I hereby give consent to Bourbon Street Battle of the Voices to use my likeness, name, city and state for any promotion in print and or digital media.

Signature

Date