



3642 Zip Industrial Blvd. Atlanta, Ga 30354 404.396.7828 hoodrichfilms.tv

Hoodrich Films LLC Artist Performance Application

Please fill in the following information to the best of your knowledge.

Name:
First Last

Artist Name: _____

Address: _____

City	State	Zip Code
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Email: _____ **Phone:** _____

Please provide the following information about any Social Media you have.

Instagram
Facebook
Twitter
YouTube
Other



Please answer the following question. If YES please explain.

Are you a registered Artist? YES / NO If YES what company? _____

Do you have a publishing company? YES / NO If YES what company? _____

Is your music copy righted? YES / NO If YES what company? _____

Do you have any videos? YES / NO If YES who directed and where can it be found?

Terms and conditions of Hoodrich Films Festival Artist Showcase October 14th, 2017:

- **All ARTIST who are signed up for early Pre-Registration by September 25th and who are a part of Hoodrich Films management will be given the option to be signed in by 11:00 p.m. and to select their own time to perform.**
- **All Pre – registration after September 25th ARTIST will be given a time frame to show and sign in.**
- **ARTIST will be given a 15 minute grace period if running behind. Where after grace period slot is lost and ARTIST will be put at the end of the list. Once slot is lost there is no guarantee that ARTIST will be able to perform.**
- **ARTIST can perform (1) song that is (4) minutes long anything over (4) minutes will get cut.**
- **MP3's must be submitted by October 5th, 2017 to MP3@HOODRICHFILMS.TV with the SUBJECT TITLED: HOODRICHFILMSSHOWCASE**
- **All funds are non-refundable.**

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I consent that all information provided is true and complete to the best of my knowledge. I have read and agree to the terms and conditions of the Hoodrich Films Festival Artist showcase. I understand that my performance will be recorded and all footage will be used for promotional services for Hoodrich Films LLC including but not limited to Instagram, YouTube, WorldStar and more.

Please Print, Date and Sign BELOW.

Print Name:

Date

Signature: