



Gigs at the Gillioz Application

Applicant / Act Name: _____

Number of individuals in the act: _____

Contact Person: _____

Phone Number: _____ Secondary Phone: _____

Email Address: _____

Web Address: _____

Mailing Address: _____

Federal ID or Social Security Number: _____

Genre:

Bluegrass Blues Choral Christian Classical Country Folk

Jazz Rock/Pop

Other _____

References:

1. _____

2. _____

3. _____

Where can we see you perform?

Location: _____

Date: _____ Time: _____

Technical Requirements (include additional page if needed): _____

Please mail a CD, video, or DVD resume/bio with your application to:

Gillioz Theatre

Attn: Selection Committee

325 Park Central East

Springfield, MO 65806