

THE GOSPEL SHOWDOWN APPLICATION FORM

Application **MUST** be received by September 5th for Review

Choir or Group Name: _____

Number of Members: _____

Please Note: If selected, the choir must provide a list of names and group photo with all participating members to the production manager by designated date.

If selected, will the choir have a band or recorded tracks for music accompaniment?

Band Recorded Tracks

If you selected "Band," please describe in detail the makeup of the band and a list of the backline that is provided by the Museum *(See Competition Overview and Official Rules)* that would be needed.

If selected, please list the titles of the two (2) songs the choir or group will be performing.

Song 1: _____

Song 2: _____

PLEASE NOTE:

Choirs with Bands - If selected, the choir must provide an input list and stage plot to the production manager by designated date.

Choirs with Tracks - If selected, the choir must provide the recorded tracks and a stage plot to the production manager by designated date.

Check Box to Accept *

I have read and understand that if selected, the choir is responsible for getting all requested assets listed above to the production manager

VIDEO REQUIREMENTS:

Each choir must provide and submit an audition video. The video must meet the following guidelines: a) Be an original audio-visual recording of the choir performing one song.

b) Be no more than ten (3) minutes in length. If the video is longer than (3) minutes, only the first (3) minutes will be considered.

c) Showcase only those choir members who are willing and eligible to participate in the competition. d) Include the choir's name and submitted in one of the following formats: MOV, WMV, AVI, MPEG, or MP4; and no more than 100 MB.

Mail Completed Application to: GRAMMY Museum Mississippi Attn: The Gospel Showdown 800 West Sunflower Road Cleveland, MS 38732



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Will you be sending in a video wi URL below, or email the video of	• •			If not, please provide the videouseumms.org.
Video URL:				
I will be emailing the video to pro Subject Line of Email.	ograms@gran	mmymuse	eumms.org P	Please put Group Name and Contact Name
CHOIR REPRESENTATIVE CO	NTACT INFO	ORMATIO	N:	
Name: First	La	ast		
Primary Email:				
Alternate Email:				
Mailing Address: Street Address				
City	_State		_Zip	Country
Primary Phone Number:				
Alternate Phone Number:				
CHURCH/GROUP ORGANIZAT				
Primary Email:				
Mailing Address: Street Address				
City	_ State		_Zip	Country
Primary Phone Number:				
Acknowledgement of Requiren	nents and Co	ompetitio	n Rules	
Check Box to Accept *				
I have read, understood and acce and the Official Rules set by the 0			uirements, N	Music & Production Requirements

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