

# Town of Leesburg Event Entertainment Application



**Artist/Act/Performer Name:**

**Number of persons in the band/act/group:**

**If musical, genre:** (Check all that apply.)

Children's    Country    Covers    Blue Grass    Folk  
R&B            Jazz            Rock            Rap            Ethnic  
Pop             Comedy    Other:

**Type:** (Check all that apply.)

Musical act  
Dance group  
Costumed character  
Animal show  
Specialty act  
Other:

**Describe your performance:**

**Website:**

**Facebook Link:**

**Social Media Link #2:**

**Social Media Link #3:**

**Link to your biography (or Press Kit, if available):**

**Backline and/or equipment needs:**

**Contact Name:**

**Contact Email:**

**Contact Phone:**

**Address:**

Street Address

City

State

Zipcode

**Please send completed application to:**

Barb Smith • 60 Ida Lee Drive, N.W. • Leesburg, Virginia 20176 • BSmith@leesburgva.gov