



Band Name: .....

Band Manager / Leader: ..... Contact no: ..... ID No:.....

Band Web Address: .....

Pls tick the most suitable genera

**Genre I**

- Slow Rock
- Hard Rock

**Genre II**

- Grunge
- Alternative Rock
- Funk Rock
- Fusion Rock

**Genre III**

- Heavy Metal
- Niu Metal
- Thrash Metal

**Genre IV**

- Death Metal
- Black Metal
- Black Death

**Band Members:**

Name	Instrument	Contact	ID No:
1) .....	.....	.....	.....
2) .....	.....	.....	.....
3) .....	.....	.....	.....
4) .....	.....	.....	.....
5) .....	.....	.....	.....
6) .....	.....	.....	.....
7) .....	.....	.....	.....
8) .....	.....	.....	.....

We do play our own songs  Yes  No

We have our own Practice room  Yes  No

For more information and inquiries about the show pls call

- an'du - 9621348
- Faube - 7717096
- Ashraf - 9621319
- Shaan - 7731577
- Shaaz - 7776410