



Genz Benz Artist Program Application

Thank you for your interest in the Genz Benz Artist Program. Please complete and return this form to the address listed at the end of this form. If the application is not fully completed, it will not be considered for review.

Date: _____

PERSONAL INFORMATION

Name: _____

Street: _____ City: _____ State: _____ Zip: _____

Date of Birth: ___/___/___ Home Ph: _() _____ Cell Ph: _() _____ Fax: _() _____

PROFESSIONAL INFORMATION

Performer () Educator () Affiliation (Group or Educator) _____ How Long _____

Your Status with Group: Permanent () Recording () Touring ()

Where you Perform: Local () National () International ()

Previous Key Musical Affiliations: _____

Record Label Information

Name of Current Label: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Contact Name: _____ E-Mail: _____

Management Information

Company Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Contact Name: _____ E-Mail: _____

Other Endorsement Companies: _____

Are you currently seeking an endorsement from any other amplifier company? Yes () No ()

Include the following items when submitting your application:

- CD, Album or Cassette of Studio Quality
- Recent Photograph
- Personal Biography
- Band Press Kit and Tour Itinerary (if applicable)

Please note that packages will not be returned. Send to the following address:

KMC Music Inc.
Attn: Genz Benz Artist Relations
55 Griffin Road South
Bloomfield, CT 06002