

2010 FASNY Convention

Battle of the FD Bands Application – complete this application and fax to (631) 261-7516.

BAND NAME: _____

BAND MANAGER or CONTACT: _____

ADDRESS: _____

TOWN: _____ **STATE:** NY **ZIP:** _____

CONTACT PHONE NUMBER: (____) - ____ - _____

CONTACT EMAIL ADDRESS: _____

Please indicate the *Fire Department* or *EMS Agency* with which your band has (had) an affiliation. If more than one, please indicate. Also include years playing for those agencies.

_____ - _____ year(s).
_____ - _____ year(s).
_____ - _____ year(s).
_____ - _____ year(s).

Type of Band (check all that apply)

Brass Band Bagpipe Band Glockenspiel
 Traditional Marching Band Other (please indicate) _____

This application must be signed by an active Chief of any Fire Department or EMS agency in New York State. This Chief's department will serve as your "sponsor" for this competition.

Sponsoring Chief's Signature: _____ Print Chief's Name: _____

Chief's Department or EMS Agency: _____

Department Address: _____