



Official Entry Form

Entrant's Full Name: _____

Date of Birth: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Daytime Phone Number: _____

E-mail Address: _____

If you are under 18 years of age, please provide the following information about your parent or guardian.

Parent or Guardian's Full Name: _____

Daytime Phone Number: _____

E-mail Address: _____

Song Title: _____

Songwriter(s): _____

Names and Ages of Band Members: _____

Description: _____

Please give a brief description of your video.

Please write "I have read and accept the rules of this contest"

If you are under 18, please have your parent or guardian write this and sign below.

Signature: _____

Print Name: _____

**Mail this form and your video, along with the Guest Release,
Location Agreement and Music Sync License (if needed), to:**

**CMT Music City Madness Contest
330 Commerce Street
Room 468
Nashville, TN 37201**