



ARTIST INCUBATOR Application

Name: _____
Address: _____
Phone: _____
E-mail: _____
Age: _____
Website or MySpace Page: _____

1. What would you like to accomplish or learn about in this project – be specific: _____

2. Where are you at in your career or process? Circle all that apply and add comments when necessary.
 - a. I have performed live, if so where, and for how many years?

 - b. I have been in or am in a band, if so how long?

 - c. I have written songs, if so how many? List if you wrote the music, melody, lyrics. Also note if you did any of the arrangements.

 - d. I have recorded in a professional studio, if so how often.

 - e. I have recorded myself at home.

 - f. I have worked with other musicians.

 - g. I have worked with a producer

3. What instrument(s) do you play – voice is an instrument. What is your primary instrument? _____

4. Describe the genre of music you work in. If you can, include a “cross between Artist A and B and C”, etc. _____

5. Women’s Audio Mission gets very high caliber music industry veterans to provide their time and expertise for this project. We expect artists who are accepted to this project to be emotionally ready and have allotted enough time in their schedule to seriously commit to this project. They must be punctual, professional, attend all sessions and complete all assignments. Are you able to do to this? Explain why?

Signed _____ Date _____

**** Include a 1-3 song demo in CD form or a link – do not e-mail MP3s ****

E-mail application to: ckovacs@womensaudiomission.org

or

Mail this to:

Women’s Audio Mission
ATTN: Artist Incubator
1890 Bryant Street, suite 312
San Francisco, CA 94110

Workshop Cost: \$600/members & \$750/non-members.