



Cancer Can Rock Application

Cancer Can Rock (CCR) requires a rough recording of the particular song you would like to record. This can be an extremely rough representation/recording. If you do not have access to a studio or home studio, recording the song on your phone is fine. Please include your musical influences with this application as well.

Artist Information

First name	Middle	Last	Age
Street or P.O. Box	Town	State	Zip Code
Home Phone Number	Cell Phone		

Medical Information.

Primary Physician	First	Middle	Last	
Physician Address	Street or P.O. Box	Town	State	Zip Code
Primary Physician Phone Number				

Release and Authorization

- I agree to being filmed to document my recording/performance. _____ Initials
- I agree to allow my song/performance and image used in any CCR literature, promotions, brochures and media releases. _____ Initials
- I confirm that the recording submitted is me performing without alteration of any type. _____ Initials
- All the information above is correct and true to the best of my knowledge.

Artist Signature: _____ Date: _____

TO BE COMPLETED BY PHYSICIAN

Illness Diagnosis:

Illness Prognosis:

Medical Restrictions or Time Constraints due to illness:

Special Travel Requirements:

Physician Signature: _____ Date: _____