



DRUM WORKSHOP, INC. • 3450 LUNAR CT. • OXNARD, CA • 93030 • USA

## ENDORSEMENT APPLICATION

Thank you for your interest in the DW Endorsement program. This application must be completed in all categories in order for you to be considered a candidate. You may attach additional pages if necessary. When a section does not apply, please indicate this.

Please circle the product(s) you wish to endorse:

<p><b>PDP</b></p> <p>FULL LINE</p> <p>(DRUMS, PEDALS, HARDWARE)</p>
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<p><b>DW</b></p> <p>DRUMS</p> <p>PEDALS</p> <p>HARDWARE</p> <p>FULL LINE</p> <p>(DRUMS, PEDALS, HARDWARE)</p>
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**PERSONAL INFORMATION:**

NAME: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

CELL: \_\_\_\_\_



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**MUSICAL INFORMATION:**

NAME OF PRESENT GROUP OR MUSICAL AFFILIATION: \_\_\_\_\_

\_\_\_\_\_

HOW LONG HAVE YOU BEEN WITH THIS GROUP?: \_\_\_\_\_

PLEASE INDICATE YOUR CURRENT STATUS WITH THE GROUP:

TOURING MEMBER:    Y    N                      RECORDING MEMBER:    Y    N

PLEASE LIST PREVIOUS MUSICAL AFFILIATIONS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**DISCOGRAPHY:**

PLEASE LIST RECORDINGS ON WHICH YOU HAVE PERFORMED AND HAVE BEEN RELEASED:

RECORD	ARTIST	YEAR OF RELEASE
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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



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**RECORD LABEL INFORMATION:**

NAME OF CURRENT LABEL: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

CONTACT NAME: \_\_\_\_\_

E-MAIL: \_\_\_\_\_ WEB: \_\_\_\_\_

**MANAGEMENT INFORMATION:**

FIRM NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

CONTACT NAME: \_\_\_\_\_

E-MAIL: \_\_\_\_\_ WEB: \_\_\_\_\_

**BILLING INFORMATION:**

FIRM NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

CONTACT NAME: \_\_\_\_\_ E-MAIL: \_\_\_\_\_



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**PRODUCT INFORMATION:**

DESCRIBE YOUR CURRENT SET UP (PLEASE SPECIFY ALL DRUM SIZES, HARDWARE, AND PEDALS):

DRUMS: \_\_\_\_\_

HARDWARE: \_\_\_\_\_

\_\_\_\_\_

PEDALS: \_\_\_\_\_

**PLEASE LIST OTHER COMPANIES YOU CURRENTLY ENDORSE:**

COMPANY

LEVEL

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**ADDITIONAL COMMENTS:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**THIS APPLICATION WILL NOT BE CONSIDERED UNLESS THE FOLLOWING ITEMS ARE INCLUDED:**

- PERSONAL BIOGRAPHY
- RECENT PHOTOGRAPH
- EXAMPLES OF YOUR WORK (CD, ALBUM, OR CASSETTE OF STUDIO QUALITY)
- BAND PRESS KIT AND TOUR ITINERARY IF APPLICABLE
- VIDEOS IF APPLICABLE

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**PLEASE MAIL YOUR APPLICATION TO THIS ADDRESS:**

ARTIST RELATIONS MANAGER  
DRUM WORKSHOP, INC.  
3450 LUNAR COURT  
OXNARD, CA 93030

WE WILL RESPOND TO YOUR APPLICATION BY MAIL