

OFFICIAL OFFER FORM



This form is to be used when you are prepared to make an official offer to host one of our artists/speakers for an event. Please do not submit an offer until you have firm details on pricing, venue, etc.

Artist/Speaker: Band, Solo, Track (if applicable): Date(s) Requested: Additional Venue Avails: Offer Expiration Date: Venue Name: Organization: Address: City: State: Zip: State: Zip: Business Phone: Cell Phone: Capacity: Capacity:	То	day's Date:		
Date(s) Requested: Additional Venue Avails:	Art	tist/Speaker:		
Additional Venue Avails: Offer Expiration Date: Name: Organization: Position: Address: City: Address: City: State: City: State: Phone: Fax: Business Phone:	Ва	and, Solo, Track (if applicable):		
Offer Expiration Date: Venue Name: Organization: Address: Position: City: Address: State: City: Zip: State: Phone: Zip: Fax: Business Phone: Website:	Da	ate(s) Requested:		
Name: Venue Name: Organization: Address: Position: City: Address: State: City: Zip: State: Phone: Zip: Fax: Business Phone: Website:	Ad	dditional Venue Avails:		
Name: Venue Name: Organization: Address: Position: City: Address: State: City: Zip: State: Phone: Zip: Fax: Business Phone: Website:				
Organization: Position: Address: City: Address: State: City: Zip: State: Phone: Fax: Business Phone:	Offer Expiration Date:			
Organization: Position: Address: City: Address: State: City: Zip: State: Phone: Fax: Business Phone:				
Organization: Position: Address: City: Address: State: City: Zip: State: Phone: Fax: Business Phone:				_
Position: City: Address: City: Zip: State: Phone: Fax: Business Phone:	Name:		Venue Name:	
Address: City: State: Phone: Business Phone: State: Website:	Organization:		Address:	
Address: City: State: Phone: Business Phone: State: Website:	Position:		City:	
City: State: Phone: Fax: Website:	rosition.		Oity.	
State: Zip: Business Phone: Phone: Phone: Phone:	Address:		State:	
Zip: Business Phone: Fax: Website:	City:		Zip:	
Business Phone: Website:	State:		Phone:	
Phone:	Zip:		Fax:	
Cell Phone: Capacity:			Website:	
	Cell Phone:		Capacity:	
Fax: Indoor/Outdoor:	Fax:		Indoor/Outdoor:	
Email: Covered Stage (Y/N):	Email:		Covered Stage (Y/N):	
Email 2:	Email 2:			



Number of Artist Comps:

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<u>Terms - (What are you offering the Artist financially?)</u> If you are offering a Flat Fee, disregard "Plus OR Versus (circle)___% Over \$)"

\$		guarantee
Plus OR Versus (select one)	% OVER \$	
*If a percentage is selected, please *A 20% deposit is due with signed of	-	
Event Information		
Event Name:		
Private Event (Y/N):		
Expected Attendance:		
Event Vision/Nature of Event:		
Is this a "Rain or Shine" Event? (Y/N):		
Is this an annual event? (Y/N):		
Billing (please click below for dre	opdown):	
Scaling *If this is a Free Event (no	n-ticketed), please write "FR	EE EVENT"
Type of Ticket (GA, Standing/Floor, VIP, Balcony)	Capacity	Price
<u> </u>		



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Show Schedule

Load-in:				
Sound Check:				
Doors:				
Support Start Time:				
Requested Support Set Length:				
Headliner Start Time:				
Requested Headliner Set Length:				
Curfew:				
Are you providing any of to *If YES, these are provided	he following (Y/N): ON TOP of the Financial Compensation you are offering the Artist.			
Production (Sound and Lights):				
Backline Gear (Amplifiers, Drum Kits, Guitars, etc.):				
Meals:				
Air Transportation (# of airfares):				
Lodging/Hotels (# of hotel rooms):				
Ground Transportation:				
Visas/Documents for International Travel/Performance:				
Merchandise: *Artist requests promoter provides volunteers to help sell merchandise. If you are unable to provide volunteers, please write "Artist" next to "Who Sells"				
Who sells (Artist/Venue):				
Hard goods % (CD/DVD):				
Soft goods % (T-Shirt/Hat):				



AUTHORIZED SIGNATURE:

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Additional Information: Buyer History (What other Artists have you booked events for in the past?):					
Venue/Event History (Wha	t other Artists have performed at this venue/event in the past?				
Announce Date:					
On-Sale:					
Radio (Include Call Letters, Station Number, and Market):					
Sponsors:					
Stage Size (Please list specific dimensions):					
Production Contact Name (Phone and email):					
Ticket Count Contact Name (Phone and email):					
Contract Signatory (Name * The Administrator is the in behalf of, or in addition to, Buyer Comments/Questi	individual that is authorized to receive the contract paperwork on the Signatory.				
	represent and warrant that I have the right and authority to submit this pany or client. I understand that this offer is binding upon verbal				

DATE: