



ERIC STEVEN | CEO
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VENUE

Venue Name: _____
 Address: _____
 City: _____
 ST: _____ Zip Code: _____
 Phone: _____
 Website: _____
 Event Type: _____
 Capacity: _____
 Contact Person: _____
 Title: _____
 Direct/Cell Phone: _____
 Email: _____

SHOW INFO

Artist AON (ALL OR NOTHING)
 Show Date _____ Show Day _____
 Event Name _____
 Set Duration _____ In Minutes
 Doors Open _____ Performance Time _____
 Age Limit _____ Venue Curfew _____

Confirmed Artists/Line

Additional Notes

MERCH

Hard Merch % _____ Soft Merch % _____
 Merch Seller Provided Not Provided

PURCHASER TO PROVIDE

Airfare <input type="checkbox"/> YES <input type="checkbox"/> NO	Sound & Lights <input type="checkbox"/> YES <input type="checkbox"/> NO
Accommodations (2 Nights) <input type="checkbox"/> YES <input type="checkbox"/> NO	Hospitality <input type="checkbox"/> YES <input type="checkbox"/> NO
Ground Transportation <input type="checkbox"/> YES <input type="checkbox"/> NO	Other _____ <input type="checkbox"/> YES <input type="checkbox"/> NO
Backline <input type="checkbox"/> YES <input type="checkbox"/> NO	Other _____ <input type="checkbox"/> YES <input type="checkbox"/> NO

PURCHASER

Contract Signatory

FIRST Name: _____ LAST Name: _____

Buyer

FIRST Name: _____ LAST Name: _____

Company/DBA: _____

Email: _____

Mailing Address: _____

City/ST/Zip: _____

Direct/Cell Phone: _____

NOTES/SPECIAL CONDITIONS

Empty space for notes or special conditions.



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