

CLG CARA LEWIS GROUP

OFFER SHEET

Office: 646-604-4024

Email: Team@Clewisgroup.com

Please note that should the Artist accept this Firm Offer, it will be considered a **binding** agreement and you are thus obligated to **sign a contract** and **pay a 100% of guarantee upon confirmation**. Please submit this Firm Offer only when you are completely prepared to sign a contract.

Please fill out the following information in its entirety:

ARTIST YOU ARE REQUESTING: _____

Artist Guarantee : _____

Plus: _____ Backline _____ Sound _____ Lights _____ Airfare

_____ Hotel _____ Local Ground _____ Buyout _____ Catering

1) Date of Engagement: _____

2) Tentative Announce Date: _____ Show On Sale Date: _____

3) Venue Name: _____

Physical Address: _____

City State, Zip: _____

Phone Number: _____ Contact at Venue: _____

What other Artists have played this room? _____

Capacity: _____ Stage Size: _____

4) Production Contact Name: _____

Production Contact Email: _____ Phone Number : _____

5) Middle Buyer Name: _____ Email: _____

Address: _____

City, State, Zip: _____ Phone Number: _____

6) Signatory Company: _____

Signatory Name and Address: _____

Signatory Phone Number: _____ Signatory Email Address: _____

(NOTE: Offers from middle agents will not be processed without the signatory's FULL information.)

AN ENTERTAINMENT COMPANY

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7) Ticket Price: _____

8) Ticket Scaling:

Ticket Type	Number of Tickets	Ticket Price	Gross By Type
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		Total Gross	

9) Door Time: _____ Show Time: _____ Set Length: _____ Curfew: _____

10) Merchandise Rates: _____ Who sells? _____

11) Age Restriction: _____

12) Other acts on show: _____ (Please specify if the other acts are confirmed or pending)

13) What other Artists have you booked in the last 2 years (Please includes 2 references):

Reference 1:
Name: _____
Phone: _____
Email: _____

Reference 2:
Name: _____
Phone: _____
Email: _____

Please acknowledge that this offer is FIRM and that you are an authorized signatory of the organization:

Signature*: _____
Authorized Signatory _____ Date: _____ *TYPED

SIGNATURE WILL SUFFICE