PERFORMER NAME

ADDRESS

PHONE

Performer:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Act: (if applicable)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Venue address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City:\_\_\_\_\_\_\_\_\_\_\_\_\_ State\_\_\_\_\_\_\_\_\_\_\_\_ Zip\_\_\_\_\_\_\_\_\_

Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Person:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Compensation**:

[VENUE] will pay [PERFORMER] $\_\_\_\_\_\_\_\_\_\_\_\_ for the following performance :

List a brief description of the performance including:

Performance Title:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Length of Performance: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of performances per day:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Requested performance dates: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Performance fee will be paid at the time of the performance.

[VENUE REPRESENTATIVE] [DATE]

[PERFORMER REPRESENTATIVE] [DATE]