

PERFORMER NAME
ADDRESS
PHONE

Performer:_____

Name of Act: (if applicable)_____

Venue address:_____

City:_____ State_____ Zip_____

Phone:_____

Contact Person:_____

Email Address:_____

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]