

# *The Men of Music*

## confirmation

PLEASE FILL OUT AND RETURN AS SOON AS POSSIBLE

This is to confirm the appearance of the **Men of Music** as follows:

Name of Location: \_\_\_\_\_

Street Address: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

City, State and Zip: \_\_\_\_\_

Performance Date: \_\_\_\_\_

Starting Time: \_\_\_\_\_ Doors Open: \_\_\_\_\_

Other Artists performing: \_\_\_\_\_

Contact Person's Name: \_\_\_\_\_

Contact Person's Phone: \_\_\_\_\_

Financial Arrangements (as agreed upon at booking): \_\_\_\_\_

Ticket information (if applicable):

Ticket Prices: \_\_\_\_\_

Where Tickets Can Be Purchased: \_\_\_\_\_

Contact Person & Phone number in reference to purchasing tickets:

\_\_\_\_\_

Additional Information the Artist needs to know: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

We will contact you one week prior to the event to confirm directions and will be arriving two (2) hours prior to the concert. If you have any questions, or if we can be of service, please contact us. Thank you for your time in completing and returning this form.