

10697 West Centennial Parkway  
Bldg 5 Suite 2048  
Las Vegas, NV 89166

Office: 1- (866) 279-1099 (Toll-Free)  
Cell: (702) 831-0427

**VENUE**

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Website \_\_\_\_\_

Indoor \_\_\_\_\_ Outdoor \_\_\_\_\_ Capacity \_\_\_\_\_

Venue Contact/Mgr \_\_\_\_\_

Ph \_\_\_\_\_

Email \_\_\_\_\_

Production Contact \_\_\_\_\_

Ph / Email \_\_\_\_\_

**TERMS**

Offer Amount: \$ \_\_\_\_\_ + / vs \_\_\_\_\_ %

# of Tickets \_\_\_\_\_ Type \_\_\_\_\_ Price \_\_\_\_\_ ADV/DOS

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Merch Rate 100% to Artist Unless Otherwise Stated \_\_\_\_\_

Artist Sells \_\_\_\_\_ Venue Sells \_\_\_\_\_

**PURCHASER TO PROVIDE (PER RIDER REQUIREMENTS)**

\_\_\_\_ Backline    \_\_\_\_ Hotel (2 Nights)    \_\_\_\_ Ground Transport  
\_\_\_\_ Airfare    \_\_\_\_ Sound/Lights    \_\_\_\_ Hospitality

Comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTIST OFFER FORM**

**GENERAL INFORMATION**

Artist \_\_\_\_\_

Show Date(s) \_\_\_\_\_

Check for Mutually Agreeable Date

Billing (i.e. Headline/Support) \_\_\_\_\_

Doors \_\_\_\_ Show Start \_\_\_\_ Artist Time/Length \_\_\_\_\_

Public \_\_\_\_ Private \_\_\_\_ Age Limit \_\_\_\_ Curfew \_\_\_\_\_

Other Artist(s)/Lineup \_\_\_\_\_

\_\_\_\_\_

**PURCHASER**

Contract Signatory \_\_\_\_\_

Company/DBA \_\_\_\_\_

Address \_\_\_\_\_

Ph \_\_\_\_\_

Email \_\_\_\_\_

**PROMOTOR/BUYER (IF OTHER THAN SIGNATORY)**

Name \_\_\_\_\_

Company/DBA \_\_\_\_\_

Address \_\_\_\_\_

Ph \_\_\_\_\_

Email \_\_\_\_\_

1) I understand that upon acceptance/approval by Artist Mgmt, this is a legally binding agreement

2) I have authority to submit this offer on behalf of signatory

3) Signed contracts and 50% deposit REQ'D prior to announce/on sale

4) I understand signature below is REQ'D for consideration

Signature \_\_\_\_\_ Date \_\_\_\_\_