

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

of Tickets _____ Type _____ Price _____ ADV/DOS

of Tickets _____ Type _____ Price _____ ADV/DOS

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 _____