



ARTIST INFORMATION FORM

ARTIST NAME:

NAME OF CONTACT PERSON:

TITLE OF CONTACT PERSON:

ADDRESS:

CITY:

STATE: ZIP:

COUNTRY:

PHONE: EXT.

FAX:

MOBILE:

EMAIL:

WEBSITE:

TAX ENTITY NAME:

TAX ID #:

	<i>NAME</i>	<i>ROLE/POSITION</i>
NAME OF ALL ARTIST MEMBERS:	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
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	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>

DESCRIPTION OF ARTIST (GENRE, TYPE OF PERFORMER, ETC):

LIST INSTRUMENTS & EQUIPMENT USED DURING PERFORMANCE:

BILLING ADDRESS:

CITY:

STATE: ZIP:

COUNTRY:

MOBILE PHONE WHEN ON THE ROAD: