

BOOKING REQUEST FORM

Organization Name _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

Contact Person: _____ Title: _____

1. Our organization is interested in:

- Residency Number of Days _____
- DrumTalk School Activities
- Community Classes
- Performance Demonstration
- Mini Performance
- Full Concert

2. Available Dates

1st Choice _____

2nd Choice _____

3rd Choice _____

3. Name of Performance Facility Technical Director: _____

Telephone: _____ Fax: _____

Hours of Availability _____

4. Performance Space:

Length _____ Width _____ Type of Floor _____

Seating Capacity _____