

MUSICAL APPLICATION FORM

NB: All sections must be completed to ensure there are no delays in processing your request. To Be Advised (TBA) is not sufficient information.

1. Please tick ONE of the following:

QUOTE ONLY PERFORMANCE RIGHTS

2. MUSICAL INFORMATION:

TITLE: _____

AUTHOR: _____

PUBLISHER (if known): _____

EXACT PERFORMANCE DATES: _____
(Please include DD/MM/YY)

NUMBER OF PERFORMANCES PLANNED: _____

VENUE NAME: _____

VENUE ADDRESS (PO Box NOT Sufficient): _____

SUBURB / TOWN: _____ STATE: _____ POSTCODE: _____

NEAREST CAPITAL CITY TO VENUE: _____ DISTANCE TO THIS CITY (in kms): _____

MAXIMUM SEATING CAPACITY OF VENUE: _____

ADMISSION PRICE RANGE OF MUSICAL: _____

LAST MUSICAL PERFORMED: _____

GROSS RECEIPTS OF LAST MUSICAL: _____

3. COMPANY / ORGANISATION INFORMATION:

PLEASE STATE WHETHER YOUR ORGANISATION IS AMATEUR OR PROFESSIONAL: _____

NAME OF ORGANISATION: _____

POSTAL ADDRESS: _____

SUBURB / TOWN: _____ STATE: _____ POSTCODE: _____

DELIVERY ADDRESS (PO Box NOT Sufficient): _____

SUBURB / TOWN: _____ STATE: _____ POSTCODE: _____

PHONE NUMBER (Incl. Area Code): _____ FAX NUMBER (Incl. Area Code): _____

CONTACT EMAIL ADDRESS: _____

4. The information on this application form may be the basis for a legal contract.
I hereby agree that all details on this form are correct.

SIGNATURE: _____

NAME: _____

PLEASE PRINT

DATE: _____

OFFICE USE ONLY

Agent: _____

Price: _____

Date: _____

Initial: _____