

# Show Booking Work Sheet

Reference:  

PROGRAM	Effect/Title	Time	
	1		
	2		
	3		
	4		
	5		
	6		
	7		
	8		
	9		
	10		
	11		
	12		
	13		
	14		
	15		

Show Date(s):         Inquiry       Tentative  
 Cancelled       Confirmed

**CONTACT**

Contact:  

Organization:  

Address:  

Home  Cell       Home  Cell       Home  
 Office  FAX       Office  FAX       Office

Email:         Home  
 Office

**EQUIPMENT**

Sound System     Back Drop     Lighting     Staging     Video

**SHOW INFORMATION**

Show Time(s):       A.M.       A.M.       A.M.  
 P.M.       P.M.       P.M.

Show Length:       Min       Min       Min  
 Hrs       Hrs       Hrs

Show Type:  Stand Up     Close Up     Walk Around     Balloons

Audience:  Children     Youths     Adults     Mixed    Size:  

Facilities:  Stage     Platform     None      
 Dressing Room     Set-Up Privacy

On-Site Contact:         same

Location:         same

Telephone:         same

Parking:        Map:  

PROMO	Pre-Show	Follow-Up
	<input type="checkbox"/> Promo Sent	<input type="checkbox"/> Thank You
	<input type="checkbox"/> Contract Received	<input type="checkbox"/> Testimonial
<input type="checkbox"/> Confirmation	<input type="checkbox"/> Referral	

**SPECIAL**

Guest(s) of Honour:  

Special Requests:  

**NOTES**

Assessment

**BOOKING**

Original Contact Date:        Fee:  

Contact Type:  Agent/Agency     Referral     Personal     Ad

Source:  

Approved:        Date:

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