



## 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

1<sup>st</sup> Choice \_\_\_\_\_

2<sup>nd</sup> Choice \_\_\_\_\_

3<sup>rd</sup> Choice \_\_\_\_\_

3. Name of Performance Facility Technical Director: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Hours of Availability \_\_\_\_\_

### 4. Performance Space:

Length \_\_\_\_\_ Width \_\_\_\_\_ Type of Floor \_\_\_\_\_

Seating Capacity \_\_\_\_\_

*Thank you. We will be in touch very soon.*