

New Day

confirmation

PLEASE FILL OUT AND RETURN AS SOON AS POSSIBLE:

This is to confirm the appearance of New Day as follows:

Name of Location: _____

Street Address: _____

City/State/Zip: _____

Performance Date: _____

Starting Time: _____ Doors Open At: _____

Other Artists Performing: _____

Contact Person's Name: _____

Contact Person's Phone #: (_____) _____ (Day) (_____) _____ (Night)

Phone # Contact Person Can Be Reached On Day Of Performance: (_____) _____

Recommended Motel & Phone #: _____

Directions To Venue: _____

Ticket Information: (Please Check One)

Love Offering: ___ Donation: ___ Free: ___ Tickets: ___

Ticket Prices (If Applicable): _____

Where Tickets May Be Purchased: _____

Contact Person & Phone Number in Reference To Purchasing Tickets: _____

Additional Information The Artist Needs To Know: _____

If you have any questions, or if we can be of service, please contact us.
THANK YOU FOR YOUR TIME IN COMPLETING AND RETURNING THIS FORM.

