

BILLY COULTER BAND • INFORMATION FORM

Please complete and return with contract & rider.

Performance Date: _____ Show Times: _____

Name of person completing this form: _____

Venue name: _____

Name of room (if applicable): _____

Venue street address: _____

Phone number of venue: _____ Fax: _____

Earliest time artist will have full access to venue & stage: _____

Sound check time: _____

Stage size: _____ Ceiling height: _____

Dressing room(s) location: _____

Important Phone Numbers:

Person who booked the show: ph: _____

Person to notify upon arrival: ph: _____

Technical person (sound/lights): ph: _____

Backstage contact: ph: _____

Publicity person: ph: _____

In case of emergency on day of show: ph: _____

Artists' contact on day of show (mobile #s): 301-537-3976 or 703-608-3378

Please give directions on **load-in** and **parking** for venue

(use separate page if necessary): _____

Please give information on accommodations provided for artist (if applicable):

Name of hotel: _____

Address: _____ City: _____

Phone number: _____ Fax: _____

Confirmation number(s): _____

Rooms booked under name(s) of: _____