

Show Booking Work Sheet

Reference:

Show Date(s): Inquiry Tentative
 Cancelled Confirmed

CONTACT	Contact:	<input type="text"/>		
	Organization:	<input type="text"/>		
	Address:	<input type="text"/>		
	<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Office <input type="checkbox"/> FAX <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Office <input type="checkbox"/> FAX <input type="checkbox"/> Home <input type="checkbox"/> Office			
Email:	<input type="text"/>			

SHOW INFORMATION	Show Time(s):	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.
	Show Length:	<input type="checkbox"/> Min <input type="checkbox"/> Hrs	<input type="checkbox"/> Min <input type="checkbox"/> Hrs	<input type="checkbox"/> Min <input type="checkbox"/> Hrs
	Show Type:	<input type="checkbox"/> Stand Up <input type="checkbox"/> Close Up <input type="checkbox"/> Walk Around <input type="checkbox"/> Balloons		
	Audience:	<input type="checkbox"/> Children <input type="checkbox"/> Youths <input type="checkbox"/> Adults <input type="checkbox"/> Mixed		
	Facilities:	<input type="checkbox"/> Stage <input type="checkbox"/> Platform <input type="checkbox"/> None <input type="checkbox"/> Dressing Room <input type="checkbox"/> Set-Up Privacy		
	On-Site Contact:	<input type="checkbox"/> same		
	Location:	<input type="checkbox"/> same		
Telephone:	<input type="checkbox"/> same			
Parking:	Map: <input type="text"/>			

SPECIAL	Guest(s) of Honour	<input type="text"/>
	Special Requests:	<input type="text"/>

BOOKING	Original Contact Date:	<input type="text"/>	Fee:	<input type="text"/>
	Contact Type:	<input type="checkbox"/> Agent/Agency <input type="checkbox"/> Referral <input type="checkbox"/> Personal <input type="checkbox"/> Ad		
	Source:	<input type="text"/>		
	Approved:	<input type="text"/>	Date:	<input type="text"/>

PROGRAM	Effect/Title	Time	
	1	<input type="text"/>	<input type="text"/>
	2	<input type="text"/>	<input type="text"/>
	3	<input type="text"/>	<input type="text"/>
	4	<input type="text"/>	<input type="text"/>
	5	<input type="text"/>	<input type="text"/>
	6	<input type="text"/>	<input type="text"/>
	7	<input type="text"/>	<input type="text"/>
	8	<input type="text"/>	<input type="text"/>
	9	<input type="text"/>	<input type="text"/>
	10	<input type="text"/>	<input type="text"/>
	11	<input type="text"/>	<input type="text"/>
	12	<input type="text"/>	<input type="text"/>
	13	<input type="text"/>	<input type="text"/>
	14	<input type="text"/>	<input type="text"/>
	15	<input type="text"/>	<input type="text"/>

EQUIPMENT	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
	<input type="checkbox"/> Sound System <input type="checkbox"/> Back Drop <input type="checkbox"/> Lighting <input type="checkbox"/> Staging <input type="checkbox"/> Video

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

NOTES	<input type="checkbox"/> Assessment
	<input type="text"/>
	<input type="text"/>

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	Audience:	<input type="checkbox"/> Children <input type="checkbox"/> Youths <input type="checkbox"/> Adults <input type="checkbox"/> Mixed Size:		
	Facilities:	<input type="checkbox"/> Stage <input type="checkbox"/> Platform <input type="checkbox"/> None <input type="checkbox"/> Dressing Room <input type="checkbox"/> Set-Up Privacy		
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