

Show Booking Work Sheet

Reference:

Show Date(s):

- Inquiry Tentative
 Cancelled Confirmed

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

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

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 Size:		
	Facilities:	<input type="checkbox"/> Stage/Platform <input type="checkbox"/> Privacy <input type="checkbox"/> None <input type="checkbox"/>		
	On-Site Contact:	<input type="checkbox"/> same		
	Location:	<input type="checkbox"/> same		
	Telephone:	<input type="checkbox"/> same		
	Parking:			Map:
	Source:			
Approved:			Date:	

SPECIAL	Guest(s) of Honour:
	Special Requests:
	Notes:

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

EQUIPMENT	<input type="checkbox"/> Sound System
	<input type="checkbox"/> Lighting
	<input type="checkbox"/> Back Drop
	<input type="checkbox"/> Stage/Platform
	<input type="checkbox"/> Video
	<input type="checkbox"/>

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

NOTES

Sales Calls

Reminders

Assessment