



DEVIL CITY ANGELS SHOW OFFER FORM

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VENUE

Name _____

Address _____

City _____ State _____ Zip _____

Venue Phone Number (_____) _____

Website _____

Indoor _____ Outdoor _____

Capacity: _____ Stage dimensions (HxWxD) _____

SHOW BUYER INFORMATION

Name: _____ Phone (_____) _____

Email: _____

VENUE CONTACT INFORMATION

Name: _____

Phone :(_____) _____

Email: _____

SHOW INFORMATION: ARTIST – DEVIL CITY ANGELS

Desired Show Date(s) _____

Contact with other Available Dates _____

Show Offer Amount: \$ _____

Doors _____ Opener Start _____ Show Start _____ Maximum Show Length: 75 Min.

Public _____ Private _____ Age Limit _____ Curfew _____

Openings Acts: Yes or No

Advanced Ticket Price: _____ Day of Show Price: _____

VIP/Meet and Greet Package Available (details available)

Merch Rate 100% to Artist

Artist Sells or Venue Sells

SOUND/PRODUCTION CONTACT INFORMATION

Name: _____

Phone : (____) _____ Email: _____

ADVERTISING AND MARKETING CONTACT INFORMATION

Name: _____

Phone: (____) _____ Email: _____

MANDATORY RIDER REQUIRMENTS

Sound and Light Production (See Tech. Rider) including FOH sound engineer

Hospitality (See Hospitality Rider)

Hotel Room(s)

Minimum of 4 people to assist with load in

Ground Transportation/Runner

Parking for Bus

ADDITIONAL RIDER REQUIREMENTS COULD INCLUDE

Backline

Airfare

Hotels

I agree that I am legally authorized to sign this offer form.

Prior to receipt of contract **and** 50% deposit, NO announcements, tickets sales or any other forms of advertising are permitted.

Upon acceptance of this offer by Devil City Angels Booking a Performance Contract will be issued.

A 50% deposit (payable to Devil City Angels, Inc.) is required upon signing of contract, remaining balance to be wired into Devil City Angels account day of show.

Signature required _____ **Date:** _____

ADDITIONAL COMMENTS:

