

PLEASE FILL OUT AND RETURN AS SOON AS POSSIBLE:

This is to confirm the appearance of **Family Legacy** 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.**