



## Singleton Town Band Booking Sheet

Play out Contact – Katherine Hoskin 0419404149

P.O Box 594, Singleton NSW 2330

[president@singleontownband.org.au](mailto:president@singleontownband.org.au)

Date: \_\_\_\_\_

Name of organisation: \_\_\_\_\_

Name of initial contact person: \_\_\_\_\_

Position held in the organisation: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Mobile: \_\_\_\_\_

Additional Contact: *(if required)* \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Mobile: \_\_\_\_\_

Event: \_\_\_\_\_

### Event details

Date of Performance: \_\_\_\_\_

Venue: \_\_\_\_\_

Time: \_\_\_\_\_

Duration: \_\_\_\_\_

Is your event? *(Please indicate)*

<input type="checkbox"/> Charity / Fundraising Event	<input type="checkbox"/> Profit making venture	<input type="checkbox"/> Community Event
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Will you be making a donation to Singleton Town Band Inc?

Yes

No

Is the band required to bring chairs to the venue?

Yes

No

Is there access to power within 10 meters at the venue?

Yes

No

Is there a wet weather alternative for the venue?

Yes

No

***A program of events must be submitted one week prior to the performance.***

### Band Use only – Confirmation

Date: \_\_\_\_\_

Time: \_\_\_\_\_

Uniform Type: \_\_\_\_\_

Band No's approved: \_\_\_\_\_

Transport arrangements: \_\_\_\_\_

Program received: \_\_\_\_\_

Approved: \_\_\_\_\_