

PLEASE MAKE CHECKS PAYABLE AND REMIT TO: Andy Rotz Entertainment 9745 Garis Shop Road, Hagerstown, MD 21740 (301) 991-3956 | andy@andyrotz.com | AndyRotz.com

CONTACT INFO ——					
COMPANY NAME					OFFICE NUMBER
PERFORMANCE GPS ADDRESS					
PRIMARY CONTACT NAME					CELL NUMBER
EMAIL					
SECONDARY CONTACT NAME					CELL NUMBER
PERFORMANCE INFO -					
DATE	TIME	_:	□ АМ	□ РМ	
DATE	TIME	_:	☐ AM	☐ PM	
DATE	TIME	_:	☐ AM	☐ PM	
Notes:					
Please check the appropriate of TWO 10 minute segments	option:	ONE 20	) minute segn	nent	
Type of performance:  ☐ Indoor ☐ Outdoor					
Type of performance area:  ☐ Dirt ☐ Grass ☐ Sto	ne dust	☐ Sand	☐ Gravel	☐ Pa	vement

AREA REQUIREMENTS						
Door/Entrance: • 12 ft. high by 12.5 ft. wide						
<ul> <li>Performing Area:</li> <li>Minimum height 21 ft. (adapted performance)</li> <li>Preferred height 30 ft. (full performance)</li> <li>Minimum length and width 100 ft. by 65 ft.</li> </ul>						
Does your venue have these dimensions?   YES   NO						
STAGING AREA						
Do you have a passable roadway with a solid base to the performance site without steep grades that a 44 foot trailer could scrape or become high centered on?   YES  NO						
Does your facility have a parking spot close to the performance area that is 65 ft. long by 12.5 ft. wide and 12 ft. high?   YES  NO						
What gate of the fairgrounds should we use? Include directions:						
Does your facility have a place that we can park overnight? ☐ YES ☐ NO						
☐ Trash disposal						
☐ 110 outlet						
☐ Water hook-up						
☐ 50 amp hook-up						
☐ Wi-Fi password:						

RATES			
	1	NITIALS	
Show:	\$	<del></del>	
Mileage:	\$		
Total price:	\$		
Deposit: (Due at the signin	\$ ng of this contract.)		
\$	Due in cash upon arrival		
\$	Due by company check to	show manager	
	☐ Prior to start of final show☐ Immediately upon complet	ion of final sho	w
POLICIES_			
completion of	regree to the terms stated above the performance.  The void if not signed and returned the performance and returned the void if not signed and returned the void if no void	_	o pay the above stated amount in full at the
ARTIST SIGNATU	RE		DATE
CUSTOMER NAM	ME (PRINTED)		TITLE
CUSTOMER AUT	HORIZED SIGNATURE		DATE
CUSTOMER NAM	ME (PRINTED)		TITLE
CUSTOMER AUT	HORIZED SIGNATURE		DATE

We appreciate your business!