

OFFICIAL OFFER FORM

*This form is to be used only when you are prepared to make an OFFICIAL OFFER to host one of our artists for a concert. Please do not submit an offer until you have firm details on pricing, venue, etc. Please complete this form IN ITS ENTIRETY.*

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Today’s Date:

Artist:

Band, Solo, Track (if applicable):

Date(s) Requested:

Additional Venue Avails:

Offer Expiration Date:  
*\*If you would like to request a deadline for an answer from Management, please specify above. Typically, most offers will receive a response within 7-10 business days, unless otherwise noted by the agent.*

**Promoter Information**

Name:

Organization:

Position:

Address:

City:

State:

Zip:

Business Phone:

Cell Phone:

Fax:

Email:

Email2:

**Venue Information**

Venue Name:

Address:

City:

State:

Zip:

Phone:

Fax:

Website:

Capacity:

Indoor/Outdoor:

Covered Stage (Yes/No):



**Terms – (What are you offering the Artist financially?)**

***If you are offering a Flat Fee, disregard “Plus OR Versus (circle)\_\_\_% Over $\_\_\_)”***

$ guarantee

Plus OR Versus (select one) ­% OVER $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*If a percentage is selected, please provide expected expenses (attached)

**\*WME requires a deposit of 50% of the Artist’s Guarantee due within 2 (two) weeks of the contract being issued**

**Event Information:**

Event Name:

Private Event (Yes/No):

Expected Attendance:

Event Vision/Nature of Event:  
*please be as descriptive as possible (ie. programming outline, event history, purpose of event, etc.*

Is this a ‘Rain or Shine’ Event (Yes/No):

Is this an Annual Event (Yes/No):

**Billing (please select):**Headline  
Support  
Festival  
Conference  
Private Event

**Scaling \***If this is a Free Event (non-ticketed), please write “FREE EVENT”

|  |  |  |
| --- | --- | --- |
| Type of Ticket  (GA, Standing/Floor, VIP, Balcony) | Capacity | Price |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| **Number of Artist Comps:** |  |  |



**Show Schedule**

Load-in:

Sound Check:

Doors:

Support Start Time:

Requested Support Set Length:

Headliner Start Time:

Requested Headliner Set Length:

Curfew:

Support Act(s):

**Are you providing any of the following (Yes/No):**

\**If YES*, *these are provided ON TOP of the Financial Compensation you are offering the Artist.*

Production (Sound and Lights):

Backline Gear (Amplifiers, Drum Kits, Guitars, etc.):

Meals:

Air Transportation (# of airfares):

Lodging/Hotels (# of hotel rooms):

Ground Transportation:

Visas/Documents for International Travel/Performance:

**Merchandise:**

***\*****Artist requests promoter provides volunteers to help sell merchandise. If you are unable to provide volunteers, please write “Artist” next to “Who sells”.*

Who sells (Artist/Venue):

Hard goods % (CD/DVD):

Soft goods % (T-Shirt/Hat):



**Additional Information:**

Buyer History (What other Artists have you booked events for in the past?):

Venue/Event History (What other Artists have performed at this venue/event in the past?):

Announce Date:

On-Sale Date:

Radio (Include Call Letters, Station Number, and Market):

Sponsors:

Stage Size (Please list specific dimensions):

Production Contact Name (Phone and Email):

Ticket Count Contact Name (Phone and Email):

**Contract Signatory (Name/Email/Phone):***\*The Signatory is the individual that is authorized to sign a contract on behalf of the organization.*

**Contract Administrator (Name/Email/Phone):**   
*\*The Administrator is the individual that is authorized to receive the contract paperwork on behalf of, or in addition to, the Signatory.*

**Buyer Comments/Questions:**

\*Purchaser to provide ticket counts to WME/Nashville on Mondays and Thursdays.

\*Counts should be called in to 615-963-3352 or email to nashticketcount@wmeentertainment by 12:00 Noon CST on ticket count days.

\*Sponsorships including radio station and/or “Presents” must be approved in writing by Artist’s management.

\*By my signature below, I represent and warrant that I have the right and authority to submit this offer on behalf of my company or client. I understand that this offer is binding upon verbal confirmation of Artist.

**DATE:**

**AUTHORIZED SIGNATURE:**



\*Please list all projected expenses

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TYPE** | **Amount (USD)** | **Per Ticket (USD)** | **Percent** | **Max Amount (USD)** |
| Advertising |  |  |  |  |
| ASCAP/BMI / SESAC |  |  |  |  |
| Backline |  |  |  |  |
| Barricades |  |  |  |  |
| Box Office |  |  |  |  |
| Catering |  |  |  |  |
| Cleanup |  |  |  |  |
| Credit Cards |  |  |  |  |
| Equip. Rental |  |  |  |  |
| Forklift |  |  |  |  |
| Hotels |  |  |  |  |
| House Expense |  |  |  |  |
| Insurance |  |  |  |  |
| Licenses/Permits |  |  |  |  |
| Loaders |  |  |  |  |
| Medical |  |  |  |  |
| Monitors |  |  |  |  |
| Parking |  |  |  |  |
| Phone |  |  |  |  |
| Police |  |  |  |  |
| Power |  |  |  |  |
| Production Mgr. |  |  |  |  |
| Production |  |  |  |  |
| Rent |  |  |  |  |
| Riggers |  |  |  |  |
| Runners |  |  |  |  |
| Security |  |  |  |  |
| Security T- Shirt |  |  |  |  |
| Setup |  |  |  |  |
| Sound & Lights |  |  |  |  |
| Staffing |  |  |  |  |
| Stage |  |  |  |  |
| Stagehands |  |  |  |  |
| Support |  |  |  |  |
| Ticket Printing |  |  |  |  |
| Ticket Takers |  |  |  |  |
| Towels |  |  |  |  |
| Transportation |  |  |  |  |
| Travel |  |  |  |  |
| Ushers |  |  |  |  |
| Other 1: (Name) |  |  |  |  |
| Other 2: (Name) |  |  |  |  |