



music that can change your life for eternity

dotsons.com

confirmation

PLEASE FILL OUT AND RETURN AS SOON AS POSSIBLE

This is to confirm the appearance of the THE DOTSONS as follows:

Name of Location: _____

StreetAddress: _____

Mailing Address (if different): _____

City, State and Zip: _____

Performance Date: _____

Starting Time: _____ Doors Open: _____

Other Artists performing: _____

Contact Person's Name: _____

Contact Person's Phone: _____

Financial Arrangements (as agreed upon at booking): _____

Ticket information (if applicable):

Ticket Prices: _____

Where Tickets Can Be Purchased: _____

Contact Person & Phone number in reference to purchasing tickets:

Additional Information the Artist needs to know: _____

We will contact you one week prior to the event to confirm directions and will be arriving two (2) hours prior to the concert. 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.