

WAGON TRAIN TOURS, INC. / PO BOX 341, ANDALE, KS 67001

Please submit completed offer to booking@loganmize.com

Buyer Company/Name:	Performance Date:
Venue:	
Address:	
Venue/Event Website:	
Contract Signatory:	Cell:
Signatory Email :	
Show Contact:	Cell:
Guarantee/Fee:PL	.US or VERSUS% Merch Rate:% to artist
Buyer agrees to provide:	
Backline □ Yes □ No □ N/A	
Sound & Lights □ Yes □ No	
Accommodations	
Flights	gnts:
Ground Transport □ Yes □ No	
SCALING/TICKETING LEGAL CAPA	CITY: AGE LIMITS:
of GA Tickets @ \$; @ \$ □Seated □Standing
of Reserved Tickets @ \$;@ \$ □Seated □Standing
Day of show ticket price(s): S	caling Notes/Facility Costs:
SHOWTIME: ON STAGE:	SET LENGTH: CURFEW:
	COMPANY:
CONTACT: PHONE:	EMAIL:
	G HEIGHT: STAGE HEIGHT:
□INDOORS □OUTDOORS COVE	RED STAGE: □Yes □No
Announce Date: On Sale	e Date:
Ticket Count Contact: Ph	one: Email:
Radius Clause: miles from venue	days before, days after performance date.
Buyer Signature:	Date submitted: