

BOURNE CO. QUESTIONNAIRE FOR LIVE PERFORMANCES (CONCERT)

Performer/Group Name: _____

Address: _____

Phone: _____ **Fax:** _____

E-Mail: _____

Contact: _____

Song Title: _____ **Writer(s):** _____

Production Title: _____

Performance Type (i.e., Concert, Stage Prod.): _____

Number of Performances: _____

Date(s) of Performances: _____

Name of Venue: _____

Address: _____

Seating Capacity: _____

Titles of Other Compositions to be performed (please note separately those that are copyright bearing):

Questions/Comments:

Return completed form by Fax, Mail or E-Mail to:

Bourne Co.
5 West 37th Street
6th Floor
New York, NY 10018
Fax: (212) 391-4306
bourne@bournemusic.com