

Dyer Switch Band

Bluegrass...Pick It Up!



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This contract is for the services of Dyer Switch Band, made _____, 20____ between the undersigned Purchaser and the Dyer Switch Band.

Name of event _____

Address of event _____

Name of contact person (please print) _____

Dates of Engagement _____ Performance fee and terms _____

Scheduled Performance Time(s) _____

(At least two 'prime time' sets. Prime time: sets starting at 2pm-4pm, 8pm-10pm)

Is a sound system provided by promoter? _____ Is a sound check required? _____ Time _____

Is a stage plot required? _____ Sent to whom? _____

If Dyer Switch is providing the sound, will there be other performers using the system? _____ use fee _____

Will any member of Dyer Switch be emceeing any part of the show while not performing? _____

Time(s) _____ Fee for services _____

Will the promoter promote the event via radio or publications? _____

Please specify: _____

If no, please provide DS with information of all local newspapers, community announcements bulletins, and local radio stations. Please include contact names, addresses and phone numbers.

Will the promoter send event flyers to Dyer Switch? _____

Additional terms or comments: _____

Directions to the event:

All promotional items for the Dyer Switch Band are available at www.dyerswitch.com

Purchaser _____ Band Representative: JoAnn Sifo

Address _____ Address: 884 Kings Road

City, State _____ City, State: Schenectady, New York 12303

Phone no. _____ Phone number: 518.986.5193

Email address _____ Email address: dyerswitchband@gmail.com

Please sign and return one copy and keep the other for your files