



Booking Form

Date: _____

Artist: Thomas F. Warfield

Business Information

Business Name: _____ Address: _____

City: _____ State: _____ Zip Code: _____ Phone: _____ Fax: _____

E-Mail: _____

Website: _____

Person Responsible For Event:

Name: _____ Phone: _____ Fax: _____ E-Mail: _____

Event Information:

Type of Event (1,2, 3, or 4): _____ Event Date 1: _____ Event Date 2 (Contingency): _____

Address of Event: _____ City: _____ State: _____ Zip: _____

Type of Performance Space (i.e. Theatre, Pulpit, Community Center, etc.) _____

Expected Attendance: _____ Type of Audience (i.e. church congregation, students, etc.) _____

Is Performance Lighting Available: _____

Is There a Professional Sound System: _____

May Mr. Warfield Sell His CD's and Other Merchandise: _____

Compensation Information:

Appearance Fee Offer: \$ _____

You May Submit Your Request In The Following Ways

ONLINE: www.ThomasWarfield.com **MAIL:** P.O. Box 40028
Rochester, NY 14604

PHONE: [585] 738-7258 **EMAIL:** Josh@thomaswarfield.com

Office Use Only

Date Received: _____ JAS: _____

Received By: _____ TFW: _____

Accepted: ___ Incomplete: ___ Denied: ___ Date: _____

Comments: _____