

TSC Event Info Form

ms-tsc.com

GENERAL INFORMATION

Event Presenter *

First Name

Last Name

Contact Person *

First Name

Last Name

Mobile # *

(###)

###

####

Position/Role/Title

Email *

Event Name *

Event Date *

MM

DD

YYYY

Sound Check Start Time *

 AM/PM

Hour

Minute

Sound Check End Time

 AM/PM

Hour

Minute

VENUE

Venue Name *

Venue Address *

Address 1

Address 2

City

State/Province

Zip/Postal Code

Country

Venue Contact *

First Name

Last Name

Contact Phone # *

(###)

###

####

Contact Cell #

(###)

###

####

Earliest Load-in Time

AM/PM

Hour

Minute

Expected Audience *

Audience Capacity

Load-in Location *

Address 1

Address 2

City

State/Province

Zip/Postal Code

Country

Number of Stairs

1st floor, 2nd floor? Etc.

Elevator? *

Yes

No

STAGE

Width (in feet) *

Depth (in feet) *

Height (in feet) *

Podium? *

Yes

No

Drum Riser? *

Yes

No

Number of 20 amp AC circuits @ Stage *

Note: Not electrical outlets. Ask venue electrician.

PERFORMERS/PRESENTERS

Artist/Band Name

Kick Drums (#)

Snares (#)

Rack Toms (#)

Fl Toms (#)

Guitars (#)

Bass

Yes

No

Single Keys (#)

Dual Key Stack (#)

Percussion

Yes

No

Saxes (#)

Trumpets (#)

Trombones (#)

Other Instruments (Specify)

Vocals playing instruments (#)

Which instrumentalists are also Vocalists?

Lead Vocals Not Playing

Note: Indicate the maximum number of singers performing at one time.

Background Vocals (BGV) Not Playing

Note: Indicate the maximum number of singers performing at one time.

Other Info