

ENTERTAINMENT FORM FOR ASCAP

(To be turned in to Main Office within 5 days after event)

Revised: February 3, 2020

DATE OF EVENT: _____, 20____

NAME OF EVENT: _____

EVENT GROUP AND/OR CHAIRPERSON(S):

ENTERTAINER'S NAME: _____

TYPE OF ENTERTAINMENT:

KARAOKE: _____

LIVE DISK JOCKEYS: _____

LIVE MUSIC: _____

DANCING: _____

SHOWS: _____

ACTS: _____

MOVIES: _____

CONTRACT ATTACHED _____ YES _____ NO

AMOUNT PAID: \$ _____

SIGNATURE: _____