

ENTERTAINMENT FORM FOR ASCAP
American Society of Composers, Authors, and Publishers

One copy to be turned in to Main Office within 5 days after event with contract (if applicable)
One copy to be turned in to TVCA Treasurer with contract and Check request (if applicable)

DATE OF EVENT: _____, 20____

NAME OF EVENT: _____

EVENT GROUP AND/OR CHAIRPERSON(S):

ENTERTAINER'S NAME: _____

TYPE OF ENTERTAINMENT:

KARAOKE: _____ DANCING _____

LIVE DISK JOCKEYS: _____ SHOWS/ACTS _____

LIVE MUSIC: _____ MOVIES _____

CONTRACT ATTACHED _____ YES _____ NO

AMOUNT PAID: \$_____

SIGNATURE: _____