

JENNIFER JONES ENTERTAINMENT, BOOKING / QUOTATION REQUEST

ARTIST:			
NAME OF EVENT:			
DATE OF EVENT:			
NAME OF VENUE:			
VENUE ADDRESS:			
WHO IS THE EVENT FOR (private, corporate or general public) etc):			
IF PUBLIC, TICKET PRICE:			
WHERE CAN TICKETS BE PURCHASED?: (booking website, email, retail stores)			
INDOOR OR OUTDOOR EVENT:			
PERFORMANCE LENGTH: (30, 60 minutes or other)			
REHEARSALS: "YES / NO"			
IF "YES", REHEARSAL VENUE ADDRESS:			
PAX / CAPACITY EXPECTED:			
TYPE OF EVENT (seated gala dinner, cocktail standing, theatre, festival, wedding):			
EVENT THEME (eg. colour scheme, genre etc.)			
TIME OF SOUND CHECK:			
TIME OF PERFORMANCE:			
TIME EVENT STARTS:			
TIME EVENT ENDS:			
OTHER ARTISTS PERFORMING (INCL. MC's): "YES / NO "			
ARE YOU SUPPLYING TECHNICAL?: "YES / NO"			
TECHNICAL SUPPLIER (if "yes")			
CONTACT: (Name and contact no.)			
DO YOU REQUIRE JJE TO SUPPLY TECHNICAL?: "YES / NO" (subject to separate quotation, Official Supplier SA Music Group)			
WILL ARTIST'S PERFORMANCE BE RECORDED "YES / NO" (Audio and/or Video)			
YOUR COMPANY INFORMATION (Responsible for signing of performance agreement and invoice payment)			
COMPANY NAME:			
VAT REGISTRATION NR:			
CONTACT PERSON:			
TELEPHONE:		FAX:	
CELL:		E-MAIL:	
POSTAL ADDRESS:			
PHYSICAL ADDRESS:			

Submit

Please Note: If you are using Chrome as your browser, save the form to your desktop first, fill in and submit