**Aurora** **Productions**

12 Church Lane

Chatham Center, NY 12184-4201

robertpdavis@mac.com

**OFFER CONFIRMATION FOR RORY BLOCK**

Today's Date:

Name of Artist: Rory Block

Date(s):

Venue Name or Event:

Venue Address:

Venue Phone:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact person:

Company:

Phone:

Cell Phone:

e-mail:

Mailing Address:

(if different from venue)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Production / sound

Name:

Phone:

e-mail:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Ticket price:

Capacity:

Load in time:

Sound check time:

Show time:

Length of performance:

# of sets (not to exceed 2):

Compensation:

Merchandising:

Meals and Lodging information:

Name of hotel & confirmation #:

Address:

Phone: