



BOOKING APPLICATION

Mail form back to: PO Box 170767, Miami, Florida 33017
or email bookings@nojiveproductions.org

Promoter Information

Company Name: _____

Contact Person: _____

Title: _____ Phone Number: _____ Cell _____

Email: _____

Website: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Show Information

Venue Name: _____

Venue Address: _____

City: _____ State: _____ Zip Code: _____

What is the total seating in venue? _____

How many days will the show run? Min of two days 2 3 4 5 Other _____

Start date: ___/___/___ End Date: ___/___/___

What type of marketing will be used? Radio TV Newspaper
 Flyers Posters Mass Emailing Websites Clubs Other _____

Will promotional appearances be required by artists? Yes No

Will No Jive Productions, Inc be providing promotional items? Yes No

Will client take care of travel, lodging and meals (breakfast, lunch & dinner)? Yes No

Has the company filed for bankruptcy in the past five years? Yes No
If yes when and for what reason? _____

Please list two business references:

Name: _____

Name: _____

Company: _____

Company: _____

Phone: _____

Phone: _____