



LIVE EVENTS



The Venue

Name and Address

Tel No.

Promoter

Name and Address

Tel No.

Date of Performance

List of performers in order of appearance

To the venue manager or promoter

Please complete this side of the form and ensure that one of the set lists on the other side is completed for each act playing.

You or one of your staff must sign the declaration at the end of the form.

Please send completed forms to the address below.

Thank you.

To the performer

Please complete the other side of this form and list every title played, even if you are not sure who the writers or publishers are.

Thank you for your help. It is only by collecting this sort of information that JACAP can pay out royalties accurately.

Completing this form does not make you a member of JACAP. To find out more about joining JACAP please call, 927-7265

DECLARATION:

I confirm that, to the best of my knowledge, the details on the form are correct.

Signature:

Name (BLOCK CAPITALS)

Position (Manager / Promoter etc):

Telephone:



Name of Performer

Billing
Heading <input type="checkbox"/> Support <input type="checkbox"/>

Approximate duration of set

Is this performance part of tour?
Yes <input type="checkbox"/> No <input type="checkbox"/>

List of titles performed (BLOCK CAPITALS)
 If more than 20 works are performed, please continue on separate form

Item	Title of Work	Composer / Author / Arranger	Publisher (if known)	Duration
1				
2				
3				
4				
5				
6				
7				
8				
9				
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11				
12				
13				
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15				
16				
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