



# NEW VENUE REGISTRATION FORM

## Guest Acts

PART OF RWS GLOBAL

Venue Name:			
Venue Address:			
Your Name:		Your Position:	
Your Phone:		Your Email:	

Are you the owner/proprietor of this venue?	
If not, please state who is:	
Do you have authority to engage Artist(s) for this venue?	
Who is responsible for the booking and payment of Artists?	
To whom should paperwork regarding bookings be addressed?	
Can you confirm that you are appropriately licensed to present live entertainment at this venue?	
Do you admit children under the age of 18 at any time?	
If yes, are such minors supervised by suitable adults?	
Are artists likely to be in contact with such minors?	
Are there any physical problems, obstacles or "House Rules" at the venue of which the Artist(s) should be made aware?	
If yes, please give details:	
Are there any prohibitions of Artist type or props/equipment at the venue?	
If yes, please give details:	

Signed: \_\_\_\_\_

Date \_\_\_\_\_