

# AUTUMN DAY ENTERTAINMENT, LLC

## BOOKING QUESTIONNAIRE FOR ANDREA DUMAS

Thank you for your interest in having Andrea Dumas participate in your event. Please complete this questionnaire and provide as much information as possible as it assists in the initial booking process. Please note that this form serves as an invitation only and not a confirmation of appearance.

Please return the completed form to [autumndayent@comcast.net](mailto:autumndayent@comcast.net)

### CONTACT INFORMATION

Sponsor/Host of Event:	
Church/Organization:	
Pastor/President:	
Street Address:	
Office Number:	
Fax Number:	
Website Address:	
Contact Person:	
Contact's Phone Number:	
Contact's Email Address:	

### BOOKING REQUEST

You would like Andrea to: (Check all that apply)	<input type="checkbox"/> Guest Soloist (1 song)	<input type="checkbox"/> Guest Soloist (2 songs)
	<input type="checkbox"/> Featured Artist (With Band and Singers)	
	<input type="checkbox"/> Other (Please specify):	
Date of Event:		
Type of Event:		
Start Time of Event:		
Time of Performance:		
Budget for Artist:		

### VENUE INFORMATION

Name of Venue:	
Address of Venue:	
City, State Zip:	

Autumn Day Entertainment, LLC, P. O. Box 75413, Washington, DC 20013