

TESTIMONY

Booking Request Form

Contact Information

Full Name: _____

Organization/Company: _____

Email Address: _____

Phone Number: _____

Website: _____

Event Details

Event Name: _____

Type of Event (e.g., Ticketed, Festival, Ministry): _____

Date(s) Requested: _____

Event Start Time: _____ Doors Open: _____

Event Location (Venue Name & Address):

Venue Capacity: _____

Is the event open to the public? Yes No

Are you requesting a: One-Off Multiple Showings Multiple Dates

Booking Request For (Check all that apply):

Testimony

Old Fashioned Sunday

Compensation & Budget

Is there a budget allocated for this booking? Yes No

If yes, estimated budget: \$ _____

Is travel provided? Yes No

Is lodging provided? Yes No

Is ground transportation provided? Yes No

Is sound and lighting provided? Yes No

Will meals be provided? Yes No

Additional Notes or Requests:

Authorization

By submitting this form, I understand that this is a request only and does not confirm a booking. I acknowledge that further communication and a signed agreement may be required to secure the booking.

Signature: _____

Date: _____

Submit to:
testimonystageplay@gmail.com