

# TED KURLAND ASSOCIATES – OFFER SHEET

Your Name: \_\_\_\_\_ Email: \_\_\_\_\_  
TKA Artist: \_\_\_\_\_ Performance Date: \_\_\_\_\_ Alternate Dates: \_\_\_\_\_  
Event Name: \_\_\_\_\_ Event Type: \_\_\_\_\_  
(Private/Concert/Corporate/Series/Festival/Etc.)  
Other Acts on the Bill/Support: \_\_\_\_\_

## BUYER CONTACT INFORMATION

Company Name: \_\_\_\_\_  
Buyer Contact: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_  
Zip: \_\_\_\_\_ Country: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Cell: \_\_\_\_\_  
Email: \_\_\_\_\_  
Contract Signatory: \_\_\_\_\_  
(e.g.: Dr. Jane Doe for Your Company Name)  
Other Information: \_\_\_\_\_

Venue URL: \_\_\_\_\_  
Ticketing URL: \_\_\_\_\_

## VENUE INFORMATION

Venue Name: \_\_\_\_\_  
Venue Type: \_\_\_\_\_  
(Concert Hall/Outdoors/Club/Theatre/Etc.)  
Venue Contact: \_\_\_\_\_  
Email: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_  
Zip: \_\_\_\_\_ Country: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Production Contact: \_\_\_\_\_  
Email: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Cell: \_\_\_\_\_

**TED KURLAND ASSOCIATES** tedkurland.com  
p. 617-254-0007 fx. 617.782.3577 agents@tedkurland.com

## TERMS

Offer: \_\_\_\_\_ Airfare/Travel: \_\_\_\_\_  
Ticket Prices & Scaling: \_\_\_\_\_ Excess Baggage/Overweight Costs: \_\_\_\_\_  
Number of Shows: \_\_\_\_\_ Show Time(s): \_\_\_\_\_ Local Ground Transportation: \_\_\_\_\_  
Seating Cap.: \_\_\_\_\_ Gross Potential: \_\_\_\_\_ Hotel Accommodations: \_\_\_\_\_  
[ ] Gross or [ ] Net (of taxes and all deductions) Are Work Permits/Visas Required? [ ] Yes [ ] No  
Number of Sets / Length(s): \_\_\_\_\_ Exclusivity: (radius) \_\_\_\_\_ (days prior/post) \_\_\_\_\_  
Local Production Provided: (Sound and Lights) [ ] Yes [ ] No Sponsors of Event(s): \_\_\_\_\_  
Backline Provided: [ ] Yes [ ] No \_\_\_\_\_  
Fee Subject To Tax? [ ] Yes [ ] No / If Yes [ ] % of Withholding? Rights Requested: [ ] Television [ ] Radio [ ] Recording  
Artist Sells *Merchandise Rate*: [ ] % Venue Sells *Merchandise Rate*: [ ] %

**A 50% deposit is due with signed contracts two weeks after the issue date unless otherwise arranged with your TKA agent.**

*Your offer will be reviewed by the TKA agent responsible for your region and is contingent upon deal term approval by the artist and TKA. Upon confirmation by the artist, a contract will be issued to Buyer from TKA.*

Submitted By: \_\_\_\_\_

Signature: \_\_\_\_\_

**Today's Date:** \_\_\_\_\_

**Offer Expires On:** \_\_\_\_\_