

# The Bands of Cathedral City High School

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## Performance Contract & Information

### Contract/Booking Agent

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

Date of Event: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Contact Email: \_\_\_\_\_

Fax Number: \_\_\_\_\_

### Performance Information

Event Title: \_\_\_\_\_

Performance Location: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Performance Start Time: \_\_\_\_\_

Performance Completion Time: \_\_\_\_\_

Performance Description: (Be specific as possible)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is this an outdoor performance? Yes\_\_\_ No\_\_\_

If Yes, are you provided **adequate** lighting/shade or cover? Yes\_\_\_ No\_\_\_

Are refreshments/meals provided for the musicians? Yes\_\_\_ No\_\_\_

If yes, please provide details \_\_\_\_\_

Is transportation provided? Yes\_\_\_ No\_\_\_

If yes, please provide details \_\_\_\_\_

\_\_\_\_\_

Which CCHS Band Is Performing? \_\_\_\_\_

Will the CCHS Band Program receive a donation/payment? Yes\_\_\_ No\_\_\_

If yes, please specify the amount of the donation/pyament? \_\_\_\_\_

Please make check payable to: **CCHS Bands**  
**PLEASE COMPLETE AND FAX TO 760.770.0164 (ATTN: GREGG**  
**WHITMORE)...THANK YOU!!**