

**PLEASE FILL OUT AND RETURN AS SOON AS POSSIBLE:**

This is to confirm the appearance of **Heartland Harmony** as follows:

Name of Location: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Performance Date: \_\_\_\_\_  
Starting Time: \_\_\_\_\_ Doors Open At: \_\_\_\_\_  
Other Artists Performing: \_\_\_\_\_  
Contact Person's Name: \_\_\_\_\_  
Contact Person's Phone #: (\_\_\_\_) \_\_\_\_\_ (Day) (\_\_\_\_) \_\_\_\_\_ (Night)  
Phone # Contact Person Can Be Reached On Day Of Performance: (\_\_\_\_) \_\_\_\_\_  
Recommended Motel & Phone #: \_\_\_\_\_

Directions To Venue: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Ticket Information: (Please Check One)  
Love Offering: \_\_\_\_\_ Donation: \_\_\_\_\_ Free: \_\_\_\_\_ Tickets: \_\_\_\_\_  
Ticket Prices (If Applicable): \_\_\_\_\_  
Where Tickets May Be Purchased: \_\_\_\_\_  
Contact Person & Phone Number in Reference To Purchasing Tickets: \_\_\_\_\_

Additional Information The Artist Needs To Know: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**If you have any questions, or if we can be of service, please contact us.  
THANK YOU FOR YOUR TIME IN COMPLETING AND RETURNING THIS FORM.**