

The Bands of Cathedral City High School

Matthew Howe, Director of Bands
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Performance Contract & Information

Contract/Booking Agent

Today's Date: _____
Contact Person: _____
Contact Email: _____

Date of Event: _____
Phone Number: _____
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 a "surprise" performance? 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 _____

Will the CCHS Band Program receive a donation? Yes___ No___

If yes, please specify the amount of the donation _____

Please make check payable to: **CCHS Bands**
PLEASE COMPLETE AND EMAIL TO:
MHOWE@PSUSD.US... THANK YOU!!