

# God's Chozen

Please complete this form in its entirety. **NOTE:** Receipt of this questionnaire does not confirm the appearance of *God's Chozen*. It is simply a **preliminary assessment** of your needs for this event to see if the group can meet your request. If we are able to perform at your event a confirmation letter will be sent to you after receipt of this form.

## **II. Event Information**

Organization/Company's Name: \_\_\_\_\_

Person Making Request: \_\_\_\_\_

Position /Title: \_\_\_\_\_

Telephone Number: (\_\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_  
(\_\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_

Email Address: \_\_\_\_\_@\_\_\_\_\_

Website Address: www.\_\_\_\_\_

Name of Event: \_\_\_\_\_

Type of Event: \_\_\_\_\_

Cost of Admission: \_\_\_\_\_

Type of Venue: \_\_\_\_\_

Date: \_\_\_/\_\_\_/\_\_\_ \* Start Time: \_\_\_\_\_ AM/PM \*End Time: \_\_\_\_\_ AM/PM

Location of Venue \_\_\_\_\_

Street Address

\_\_\_\_\_

City

State

Zip Code

Additional Address information such as cross streets, major intersections, landmarks: \_\_\_\_\_

Venue's Phone Number: (\_\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_

Name of Contact Person for Event \_\_\_\_\_

Telephone Number: (\_\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_  
(\_\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_

Email Address: \_\_\_\_\_@\_\_\_\_\_

## **II. Performance information**

How many songs are requested? \_\_\_\_\_ How many minutes do we have to minister? \_\_\_\_\_

Will sound check be provided prior to performing? YES or NO

Please provide any additional information in regards to the group's performance

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

## **II. Music and Equipment**

Would you like God's Chozen to perform **Live** (with instrumental accompaniments) or **Track**?

\_\_\_\_\_

