## LEGS - LONGBEACH UKES ENTERTAINMENT GROUP

## **BOOKING A 'LUKES' PERFORMANCE**

Longbeach Ukes has a sub-group of performers known as LEGS - the LUKES Entertainment Group. 'LUKES' receives numerous requests to perform at Community events, Aged Retirement Facilities, Festivals & the like.

LUKES, as per any organisation, incurs regular overheads, such as PA equipment, utilities, insurances, etc. and therefore must seek a reasonable donation TO RECOVER COSTS for entertainment services provided.

Normally, the Club seeks a performance donation of \$120.00 to \$150.00 to balance ongoing expenses.

Some variation of the donation fee is possible, but subject to consultation, and confirmation by our Committee. Our LEGS group is growing in talent and would be delighted to perform for you. If you wish to book a date, please give us at least 30 days' notice.

Performance confirmation is subject to the availability of a group to perform on the preferred date/time.

Our Gig Co-ordinators can tailor a program to suit your audience or to celebrate a particular event or theme.

To enquire about a performance booking, please complete the attached form and return by email to:



lukesgigcoordinator@gmail.com

Or phone Mandy: 0407 809 068 www.longbeachukes.com.au/LEGS

www.longbeachukes.com.au



## **LEGS BOOKING FORM**

Name of Organisation:							
Performance: Date:	Day:						
Time of Performance: Start Time:		_ Finish Ti	me:				
Most of our performances are 60 - 90 minutes. P	lus half an ho	our set up tir	ne be	eforeh	and.		
Your Venue Name:							
Address:							
Suburb:		Postcode:					
Your Contact Details:							
Job Title:							
Name:							_
Phone Numbers: Landline: (03)		Mobile:					
Email:							
Will you be the contact on the day?:	Yes		No				
Has LUKES performed for you before?:	Yes		No				
Approximate size of room: Sm					Lar	ge 🗆	
Size of Stage area (if applicable):							
Are power points in close vicinity to stage ar	ea?: Yes		No				
Anticipated number in audience:							
Any preferred types of music / special reque	sts or occas	sions:					
Is parking space for Group members availabilit so please state specific location:	le, or reserv	ed on the c	lay?	Yes		No	
							_
Door Security Code if applicable:							
Anything else we should know?:							
	1 6 .1						
An invoice for the agreed fee will be issue		performan	ce.				
We prefer payment by EFT within 7 days.							
Your Purchase Order Number:							
Your Accounts Payable Contact - Name:							
Email:							-
Phone:							-
Your signature:	٦	Date:					
ioui signature.	L	Jaie.					