



New Directions Choir Booking Request

Contact Name: _____ Organization: _____

Non-Profit: ___ For Profit: ___
(please check one)

Contact Title: _____ Address: _____

City: _____ State/Zip Code: _____

Phone: _____ E-mail: _____

Performance Date: _____ Performance Time: _____ AM ___ PM ___

Type of Event: _____
(Fundraiser, Meeting, Private, etc.)

Performance Location:

Name of Venue: _____

Address: _____

City/State: _____

Length of Performance: _____

Special Requests (Songs): _____

Transportation Provided: Yes ___ No ___
(check one)

Additional Notes:

Please fax form to (310)914-5495 attention LaShanda Maze or e-mail Lmaze@ndvets.org.