

DATE: _____

Name of Act: _____
Act Type: Aerial ___ Ground ___ Other _____
Address: _____
Phone: _____
Phone 2: _____
Fax: _____
Email Address: _____
Web Site: _____
Number of performers: _____
Number of Support Crew: _____
Narration Provided? _____
Aircraft Type(s): _____
Length of Performance(s): _____
Pre-Performance Activities: _____
Post-Performance Activities: _____
Hotel Room Requirement: _____
Room Cost Responsibility: _____
Vehicle Requirements: _____
Vehicle Cost Responsibility: _____
Fuel Type Requirement: _____
Fuel Quantity: _____

Fuel Specifications: _____
Fuel Cost Responsibility: _____
Engine Oil Type: _____
Engine Oil Quantity: _____
Engine Oil Specifications: _____
Engine Oil Cost Responsibility: _____
Smoke Oil Type: _____
Smoke Oil Quantity: _____
Smoke Oil Specifications: _____
Smoke Oil Cost Responsibility: _____
Runway Length Requirement: _____
Hanger Required? _____
Act Sponsor: _____
Travel-from Location: _____
Travel-to Location: _____
Practice Session Plan of Action: _____
PUBLISHED COST QUOTE: _____
OFFERED COST QUOTE: _____
REQUESTS FROM ACT: _____
1. Get References 3. DVD-based Video
2. Information Packet 4. Sample Contract

_____ ADDITIONAL NOTES ON OTHER SIDE