

SABIAN CLINIC SUPPORT REQUEST FORM

This form is to be received no less than **30 days in advance** of the event, to ensure consideration. SABIAN provides assistance for clinics only (not concerts or adjudications). After SABIAN'S level of support has been determined, the host and the artist(s) will be notified. SABIAN will pay the artist(s) directly after the event unless otherwise requested and approved.

HOST'S RESPONSIBILITIES:

- To provide all the necessary information requested
- To advertise and promote the event
- To provide feedback with pictures of the artist performance

Thank you for your assistance.

ARTIST(S) NAME (S):

EVENT:

Name: Date:

Location & Address:

Type/Format: Seating Capacity:

Estimated Attendance: Drummers/Percussionists Educators Other

HOST OR CONTACT:

Name(s):

Phone: Email:

Full Shipping Address:

LOGO/ARTWORK: *check all that you would like to receive*

Preferred Format: JPEG TIFF EPS Email to Receive:

****BOTH SECTIONS COMPLETED IN FULL FOR ANY CONSIDERATION****

COST

Artist(s) Fee

Airfare

Lodging

Misc: Food

Ground Transportation

Other

FINANCIAL ASSISTANCE

Host Contribution

Drum/Percussion Company Contribution

Drum Head Company Contribution

Stick/Mallet Company Contribution

Other Contribution

Amount Requested From SABIAN

FOR SABIAN USE ONLY

Approval Date

Amount

Code

By _____

Literature/Other _____

Signature: _____ Date: