



ARTIST BOOKING FORM

Client information

Client/Company name _____

Email address _____

Contact number (s) _____

Event details

Event name _____

Event type _____

Event date(s) _____

Event start time _____

Event duration _____

Audience size _____

Event address _____

Booking confirmation

Client signature _____

Date _____

Send your signed booking form via email or WhatsApp:



olu@jross.co.za



063 691 1144

Bank Account Details:
JROSSBEATS (PTY) LTD
Cheque Account
First National Bank
Acc nr: 62609274402
Branch code: 250655



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