



# Co-Promotion Application

**The Agency, LLC**  
 950 Ridgebrook Rd. Suite 1500  
 Sparks, MD 21152  
 Phone: 410-472-6000 Fax: 410-472-6020  
 www.theAgencyWorld.com

## Applicant Information

Corporate Name:			Trading Name:		
Address 1:			Contact Phone: (    )    -    ext.		
Address 2:			Contact Fax: (    )    -		
Address 3:			Contact Email:		
City:	St:	Zip:	Date Faxed:		
Applicant Is: <input type="checkbox"/> Individual <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Joint Venture <input type="checkbox"/> Other					
Date of Event(s):					

## Applicant Contact Information

Your Contact Name:			Address 1:		
Contact Phone: (    )    -    ext.			Address 2:		
Contact Fax: (    )    -			Address 3:		
Contact Email:			City:	St:	Zip:

## Co-Promoter Information

Corporate Name:			Trading Name:		
Address 1:			Co-Pro Contact Name:		
Address 2:			Contact Phone: (    )    -    ext.		
Address 3:			Contact Fax: (    )    -		
City:	St:	Zip:	Contact Email:		

## Event Information

Event Info: (Please specify event name, location, band name if applicable.)

Does Co-Pro participate in the financial risk of the show?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Does Co-Pro participate in contracting with venues?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Does Co-Pro participate in contracting with artist?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Does Co-Pro participate in contracting with any production or services?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Does Co-Pro participate in negotiating talent?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Does Co-Pro participate in negotiating and/or purchasing advertising?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Is Co-Pro acting as local liason?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

**NOTICE: If insurance coverage is ultimately provided, any misrepresentation or fraudulent information may void coverage and defense may be denied for claims presented against you and the Co-Promoter.**

Insured Signature:	Date:
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