

# Garston Entertainments Ltd

P.O. Box 755

ALTRINCHAM WA15 5DY

Tel: 0845 071 0988 e.mail: info@garston-entertainment.co.uk



## Artiste Enquiry Form - Please complete and return.

**Stage Name:** .....

**Type of Act:** .....

**No. of Artistes:** .....

**Contact Name:** .....

**Contact Address:** .....

Is the act known by  
any other name?

Yes/No .....

Name(s) if Yes .....

Tel No:

Home .....

Tel No:

Work: .....

Mobile No: .....

Fax: .....

E.mail Address .....

Web Site: .....

**N.I. Number:**

### Details of previous experience – (If any)

Training: .....

Qualifications: .....

Are you VAT registered?

Yes/No

If Yes:

VAT No.

**Travel Radius** .....

### Health & Safety

**Do you hold  
Public Liability  
Insurance?**

Yes/No

If Yes:

Indemnity £ .....

Expiry Date

Insurer: .....

Policy No.

**Is your equipment PAT tested?**

Yes/No

If Yes – Expiry Date:

Signature of  
Artiste: .....

Date: .....

Personal information provided will be held securely in accordance with the law.