

BENEFIT FUNDS REQUEST FORM

Full Legal Name _____ Soc. Security No. _____

Street Address _____

City _____ State _____ Zip Code _____

Phone _____ Email _____

My job title (e.g., musician; front of house mixer; light tech; guitar tech; stagehand; etc.) _____

The number of cancelled shows due to the Coronavirus (COVID-19) pandemic: _____

My fee per show: \$ _____ The total amount I lost due to show cancellations: \$ _____

The name of the cancelled tour (if any): _____

The name of the artist/employer for the cancelled show(s): _____

The name of the manager for the artist/employer: _____

The phone number for the manager for the artist/employer: _____

The email for manager for the artist/employer: _____

I affirm the following:

- I exclusively earn my income as support personnel for a performing artist and/or for other live events/tours and not as a featured performer. Such support includes, but is not necessarily limited to: side musician; background vocalist; sound mixer/tech; instrument tech; lighting tech; stage hand; merchandise worker; etc.
- I am not a salaried employee with any entity and specifically with no artist, performer, or other touring organization.
- Due to COVID 19 forcing the cancellation of events for which I was scheduled to work, I have lost my expected income in the amount listed above and have no other income source from which to pay my immediate living expenses.
- I hereby attest that the information above is true, accurate, and complete.

Signature

Date

Print Name