

NOTIFICATION OF LIVE MUSIC PERFORMANCE

THE FOLLOWING CONDITIONS MUST BE MET IN ORDER TO QUALIFY FOR A PERFORMANCE CREDIT:

- 1. The event must be licensed by SOCAN and the license fee must be paid by the organizer/promoter of the event or by the owner of the establishment.
- 2. Evidence must be attached to confirm that the event took place.
- **3.** The SOCAN Notification of Live Music Performance form must be completed in full and returned to SOCAN no later than twelve months from the date of the event.
- **4.** Notification of performances in clubs, bars, and similar establishments will only be accepted for performance credits when the official ticket/cover charge is **\$6.00 or more** and notification is accompanied by the relevant evidence.

COMPLETE IN FULL (Please print or type)

NAME OF ARTIST OR GROUP	
NAME(S) OF ANY OTHER ARTIST(S) PERFORMI	NG AT THE SAME PREMISES ON SAME DATE
TOTAL NUMBER OF WORKS PERFORMED BY ALL PREMISES ON SAME DATE (IF KNOWN):	<u> </u>
PERFORMANCE DATE:	TIME:p.r
NAME OF PREMISES:	
ADDRESS OF PREMISES: street and number	
city	postal code
NAME OF PROMOTER/ORGANIZER: (not booking agent)	
ADDRESS OF PROMOTER/ORGANIZER:street and nu	
street and nu	mber
city	postal code
PHONE:	
AUDIENCE ATTENDANCE: (if actual unavailable, plea	ase estimate)
The evidence required before a Notification of Live Music	Performance form can be processed is outlined belo
1. FOR PERFORMANCE IN CONCERT: (check any o	ne of the following and attach relevant evidence)
(a) Copy of completed musicians contract.	
(b) Copy of a poster or newspaper advertisement (c) Ticket stub indicating the date, performer and QaDxxx[]^Axxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx	
2. FOR PERFORMANCE IN CLUBS, BARS AND S CHARGE OF \$6.00 OR MORE: (check any one	
(a) Ticket/cover charge stub indicating the admiss the performance.	
(b) Copy of a newspaper advertisement or poster indicate the admission charge, date, performed	• • • • • • • • • • • • • • • • • • • •

LIST OF WORKS PERFORMED BY ALL PERFORMERS

All compositions performed must be listed by the correct title and have COMPLETE COMPOSER/AUTHOR INFORMATION. For compositions other than your own, please make every effort to provide composers' names.

PLEASE PRINT OR TYP	E	
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<u>TITLES</u>	COMPOSERS/AUTHORS
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TO BE SIGNED BY THE PERSO	ON COMPLETING THIS FORM
To the best of my knowledge and	belief the particulars given on this form are a correct
,	al works performed at the above premises on the date
stated by the above named artis	(s).
SIGNATURE:	DATE:
NAME (BLOCK CAPITALS):	
ADDRESS:	CITY:
PROVINCE: POST	CITY: TEL.#
TITLE (e.g. manager, writer/publisher	member, etc.)

REPORTS ARE SUBJECT TO VERIFICATION BY SOCAN

MAIL COMPLETED FORM TO THE FOLLOWING ADDRESS:

SOCAN
41 Valleybrook Drive
Toronto, Ontario
M3B 2S6
1-866-307-6226
members@socan.ca