

Billy Wayne
MINISTRIES
Vision Productions, Inc.

EVENT RIDER

Event:

Date:

Management and Booking Information:

VISION Productions, Inc. / Billy Wayne Ministries
441 Horton Highway 423-245-1551 office
Fall Branch, TN 37656 423-245-1699 fax

Email: billy@billywayne.net
Website: www.billywayne.net

Road Manager: Mike and Kristan Quillin 423-946-8223
kristan@billywayne.net

PLEASE READ THE FOLLOWING CAREFULLY:

Thank you for responding to **VPI / Billy Wayne Ministries**. We have committed the upcoming event to prayer & are expecting great things from God. In preparation for this event, please read the attached conditions and specifications carefully and thoroughly. It is extremely important and necessary that all areas are read and understood. Contact **VPI** immediately, with any questions. **DO NOT** leave any areas blank: write "N/A" where "not applicable". **Make a copy for your records and return the original rider to VPI within 30 days of your event.** This rider is intended to make the event preparations and performance organized and complete for all parties involved. Should any changes need to be made after the rider is returned, please contact **VPI** immediately.

The event is not confirmed until the completed rider is signed and returned to VPI, and a representative from VPI calls to confirm the event with you.

† Thank you and God bless you.

PROMOTIONAL MATERIALS

Vision Productions can provide at no charge, printed materials to assist in promoting your event. Please indicate the # of promotional materials you need (*please note the quantity available in parenthesis*):

Posters (1-5) _____ Postcards (1-10) _____ Promotional Kit (1-2) _____ Sample CD (1-2) _____

EVENT RIDER

(Please do not leave any spaces blank; write "N/A" where "not applicable")

SPONSOR INFORMATION

Your Name:	
Address:	
City / State:	
Zip Code:	
Telephone #:	
Fax #:	
Email:	

EVENT INFORMATION

Facility Name:	
Address:	
City / State:	
Zip Code:	
Telephone #:	
Fax #:	

SCHEDULE

Date(s):	
Event Start Time:	
Type of Event:	

Please include an outlined schedule of events or order of service.

LODGING

Males _____ # Females _____ () room(s) with double beds will be needed.

The type of event will determine our road crew. (i.e. a full band, if requested, a female counselor for retreats and conferences, etc.)

HOTEL/ HOST HOME:

Hotel/Host Home:	
Address:	
Phone #:	Confirmation #:

RETREAT FACILITY:

Facility Name:	
Address:	
Phone #:	

Towels / Linens are provided.
Towels / Linens are NOT provided.

VOLUNTEERS

You are required to provide at least four (4) strong people 30 minutes before the band arrives for **load-in**. Please make sure these individuals are available to help with teardown and **load-out** for at least one (1) hour after the show.

If a **product table** is requested, you are also required to provide two (2) adults, one hour before doors open, to help with the merchandise table set-up and sales. These adults need to be **responsible** and able to handle money and inventory.

If **lighting** is requested, we will need one (1) volunteer to operate the lighting system and one (1) volunteer to operate the spotlight. These volunteers need to be available one (1) hour before doors open.

LOAD-IN

Expect the Billy Wayne Team to arrive **two (2) hours** prior to the event for unloading and equipment set-up. **Four (4) hours** if full band has been contracted.

Arrival Time:	
Departure Time:	

Please provide the names of the volunteers available for load-in / load-out:

Name:	Phone #:
Name:	Phone #:
Name:	Phone #:
Name:	Phone #:

PRODUCT TABLE

We would like to offer a product table to offset our travel expenses. Is this possible?

YES

NO

If yes, please provide one (1) 6-8 foot table placed in a well-lit area of lobby near electrical outlets for merchandise. Provide the names of the responsible volunteers to help set up and maintain the table:

Name:	Phone #:
Name:	Phone #:
Location of Table:	

MISCELLANEOUS

Event Size:

* This will help us determine how to prepare for merchandise, equipment and materials prior to the event.

Approximately how many will be attending this event? _____

Sound:

* We will provide sound and video equipment for all concert events unless otherwise arranged with road manager. For smaller venues and speaking events please fill out the following:

Do you have an available sound system?

- Mixer with at least 4 available channels

Yes	No
Yes	No

- | | | |
|--------------------------------------|------------|-----------|
| • System CD player | Yes | No |
| • Wireless Mic | Yes | No |
| • Speakers | Yes | No |
| • Monitors | Yes | No |
| Do we need to bring sound equipment? | Yes | No |

Multimedia System:

- | | | |
|----------------------------------|------------|-----------|
| Do you have video projection? | Yes | No |
| Do you have a projection screen? | Yes | No |

PLEASE NOTE: We will need to run the sound and lighting on separate electrical circuits to avoid throwing breakers. Please know the locations of the outlets belonging to 3 or 4 different circuits in the facility prior to our arrival.

LIGHTING

Vision Productions can provide high quality stage lighting and spot lights. If lighting is requested, we will need one **(1) volunteer to run the lighting system**, and **one (1) volunteer to operate the spotlight**. These volunteers need to be available one (1) hour before doors open. Please provide the names of the volunteers:

Name:	Phone #:
Name:	Phone #:

CONCERT WATER

Please use the following guide to provide the adequate amount of cold bottled water. Please provide two (2) bottles of water for each band member, per concert / per day. If you can **NOT** provide water please indicate below:

- You** will provide bottled water
- Vision Productions** will provide bottled water

MEALS

Meals are appreciated, but not required. **Please allow at least two (2) hours between meals / performances.**

Upon Arrival: Please have cold bottled water available for Vision Production crew and load-in volunteers. Snacks are also appreciated.

- | | | | |
|---------------------|------------|-----------|--------------------|
| Breakfast Provided: | YES | NO | Time: _____ |
| Lunch Provided: | YES | NO | Time: _____ |
| Dinner Provided: | YES | NO | Time: _____ |

Please feel free to note menu plans/times if available.

DECISION COUNSELORS

It is our main goal to be prepared for the INVITATION / ALTAR CALL during your event. There must be adequate “decision counselors” prepared to participate in **each** event for the duration of our visit. A brief meeting will be held with ALL decision counselors, thirty (30) minutes prior to the doors opening.

Please provide the name of a contact person responsible for organizing the necessary number of decision counselors:

Name:	Phone #:
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GOALS

Please take a few moments to indicate your goals for this event. What would you like to see happen? What are your areas of opportunity for spiritual growth? Please include any information that could help us plan properly.

PRAYER

Please let us know how we can specifically pray for this event and the people we will be ministering to:

PLEASE SEND RIDER BACK NO LATER THAN 30 DAYS PRIOR TO YOUR EVENT

Event Coordinator Signature:

Date:

Vision Productions Representative Signature: *Mike and Kristan Quillen*