

SN	Mr/Mrs/ Miss	Surname	Other Name(s)	Function in the group	PT/ FT *	NID and Social Security No.	Phone No./ Cellular No.	Remarks
5.								
6.								
7.								
8.								
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11.								
12.								
13.								
14.								
15.								

(*) *PT – Part time employment*
FT – Full time employment

DETAILS – YEAR 2008

15. Please fill in with reference to each hotel where performances have been given.

Month	Hotel(s)	Address	Contact person at hotel	Number of monthly performances	Number of artists	Cachet per performance	Cachet per month
Jan							
Feb							
Mar							
Apr							
May							
Jun							
Jul							

Month	Hotel(s)	Address	Contact person at hotel	Number of monthly performances	Number of artists	Cachet per performance	Cachet per month
Aug							
Sept							
Oct							
Nov							
Dec							

DETAILS – YEAR 2009

17. Please fill in with reference to each hotel where performances have been given for period January to June and expected to be given from July to December.

Month	Hotel(s)	Address	Contact person at hotel	Number of monthly performances	Number of artists	Cachet per performance	Cachet per month
Jan							
Feb							
Mar							
Apr							
May							
Jun							
Jul							

Month	Hotel(s)	Address	Contact person at hotel	Number of monthly performances	Number of artists	Cachet per performance	Cachet per month
Aug							
Sept							
Oct							
Nov							
Dec							

