



# The Metropolitan Atlanta Community Band

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Founding Director

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## Booking Request Form

Venue name and address: \_\_\_\_\_

\_\_\_\_\_

Performance date and time: \_\_\_\_\_

Event description: \_\_\_\_\_

\_\_\_\_\_

Length of performance desired: \_\_\_\_\_

Special requests for music selections? **Y / N** If yes, what? (please note that we cannot always fulfill requests) \_\_\_\_\_

\_\_\_\_\_

Type of audience and expected number of attendees: \_\_\_\_\_

Will the venue have a sound system for speakers and singer? **Y / N**

Will the venue accommodate up to 60 musicians plus percussion instruments? **Y / N**

Will the venue have music stands? **Y / N** If yes, how many? \_\_\_\_\_

Is the venue outside the immediate Atlanta metropolitan area? **Y / N**

Is adequate, close, free parking available for band members? **Y / N**

If the venue is outside the immediate metro area, or if adequate parking is unavailable, will a bus be provided? **Y / N**

Is the venue accessible for the disabled (for example, does it have ramps, no stairs, space for wheelchairs)? **Y / N**

Will a table be available for a MACB informational display? **Y / N**

Will you advertise the performance? **Y / N** If yes, how? \_\_\_\_\_

**Contact name/title:** \_\_\_\_\_

**Contact phone and email:** \_\_\_\_\_

**Contact signature:** \_\_\_\_\_ **Date signed:** \_\_\_\_\_

Please email form to [info@MACBonline.org](mailto:info@MACBonline.org).



FULTON COUNTY  
arts & culture

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