

Licensing: *PRS for Music*
(FE Colleges)
Quarterly Return Form

To the venue manager: Please complete this form and ensure that a play list is completed for each live act that performs. Please enter your name and job title in the final boxes before pressing the submit button.

Thank you for your help. It is only by collecting this sort of information that *PRS for Music* can distribute royalties accurately.

College Information

College /Venue _____

Address _____

Where a set list has been provided for a live music event, please indicate by ticking the appropriate box.

Event Information

Date	Type *	Promoter	Performer	Attendance (100's)	Box Office Receipts (£)
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
=====	=====	=====	=====	=====	=====
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

* Event Type can be Live Band, Orchestral / Recital, Live Other, Disco, Karaoke

Declaration

I confirm that, to the best of my knowledge, the details entered on this form are correct.

Name _____ Position _____

Email _____

Date _____ Signed _____

If you have any questions, please telephone us on 01494 473 014 or email prs@cefm.co.uk

Please fax this form back to 01494 751 423