NAME OF APPLICANT: _____

Detailed Tour Itinerary

Please complete one line for each performance, workshop, travel day or day off (use additional sheets if necessary)

Date (Day/Month/Year) Matinee (M) Evening (E)	City/Prov/Territory	Type of Performance	Name of Promoter or Presenter	Performance Venue	Venue Capacity	Status S-speculative T-tentative F-confirmed C-contracted	Ticket Price	Revenues (Do not include federal or provincial sales tax)	
								Guarantees	Box Office Revenues
							Subtotal (for this page only)		

Total No. of Days on Tour:		Total No. of Performances		TOTAL REVENUES:		