



ASCAP

AMERICAN SOCIETY OF COMPOSERS, AUTHORS AND PUBLISHERS
Blanket Concert Report (BCON)

Account No. Report for the Quarterly Period: / Date Completed: Licensee:

Report Completed By: Title:

Telephone #: Fax #: Email Address:

Reports are due for the quarters:

Table with 10 columns: EVENT DATE (MM/DD/YY), PERFORMER & OPENING ACTS, VENUE / EVENT LOCATION, CITY, STATE, SEATING CAPACITY \*, (A) GROSS REVENUE \*\*, (B) % APPLIED TO GROSS REVENUE (see below), (C) EVENT FEE (A) X (B) =(C), PROGRAM OR SONG LIST ATTACHED (Y/N), CO-SPONSOR? Y/N \*\*\*

Specify quarter(s) with no events. 1st 2nd 3rd 4th Year 20
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\$

Table with 2 columns: Seating Capacity\*, % Applied to Gross Revenue\*\*. Rows include ranges from 0-2,500 to Over 25,000 with corresponding percentages.

Other Quarters

\*Where the total seating capacity of a location has been altered to accommodate a particular performance, the term "Seating Capacity" shall mean the total number of seats made available for that particular performance and shall be so indicated on the report.
\*\*"Gross Revenue" means all monies received by LICENSEE or on LICENSEE'S behalf from the sale of tickets for each concert.
\*\*\*If the event is co-sponsored, identify by attaching to this report form the co-sponsor, address, phone number & their ASCAP account number.

NOTE: To report a Free or Benefit Event, please phone 1-800-505-4052 to request the appropriate form, or use EZ ASCAP Concert Reporting at www.ascap.com/concertreporting/licensee to complete your entire report on-line.

Charge My Credit Card VISA MasterCard Name As It Appears on the Credit Card:

Credit Card Number Expiration Date: Month Year

Please return the completed form to: ASCAP, 2690 Cumberland Parkway, Suite 490, Atlanta, GA 30339-3913
For Internal Use Only: CC Processed By: Date