



audiences unlimited

connecting special audiences with the arts

1005 W. Rudisill Boulevard, Suite 304, Fort Wayne IN 46807

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ARTIST/GROUP RESTRICTION FORM

NAME OF PERSON COMPLETING FORM _____

NAME OF FACILITY _____

CURRENT DATE _____

Name of artist/group _____

Reason for restriction

If applicable, date & time of incident

Do not send for solo program (artist will be scheduled as needed to perform with duo/group)

Do not send more than every 3 months

Do not send more than every 6 months

Only send when facility requests

Do not ever send