

PERFORMANCE STATEMENT



Licence enquiries 0800 692 772 licencenz@apra.co.nz www.apraamcos.co.nz

Please complete and return to: email: licencenz@apra.co.nz or PO Box 6315, Wellesley Street, Auckland 1141 or fax: (09) 623 2174.

Name of Concert/Event/Festival _____

Date/s of Concert/Event/Festival _____

Venue _____

Performer/s _____

| Title of works performed | Composer/s and publisher/s | No. Times Played | Duration (mm:ss) | Live |
|--------------------------|----------------------------|------------------|------------------|-------|
| 1 _____ | _____ | _____ | _____ | _____ |
| 2 _____ | _____ | _____ | _____ | _____ |
| 3 _____ | _____ | _____ | _____ | _____ |
| 4 _____ | _____ | _____ | _____ | _____ |
| 5 _____ | _____ | _____ | _____ | _____ |
| 6 _____ | _____ | _____ | _____ | _____ |
| 7 _____ | _____ | _____ | _____ | _____ |
| 8 _____ | _____ | _____ | _____ | _____ |
| 9 _____ | _____ | _____ | _____ | _____ |
| 10 _____ | _____ | _____ | _____ | _____ |
| 11 _____ | _____ | _____ | _____ | _____ |
| 12 _____ | _____ | _____ | _____ | _____ |
| 13 _____ | _____ | _____ | _____ | _____ |
| 14 _____ | _____ | _____ | _____ | _____ |
| 15 _____ | _____ | _____ | _____ | _____ |
| 16 _____ | _____ | _____ | _____ | _____ |