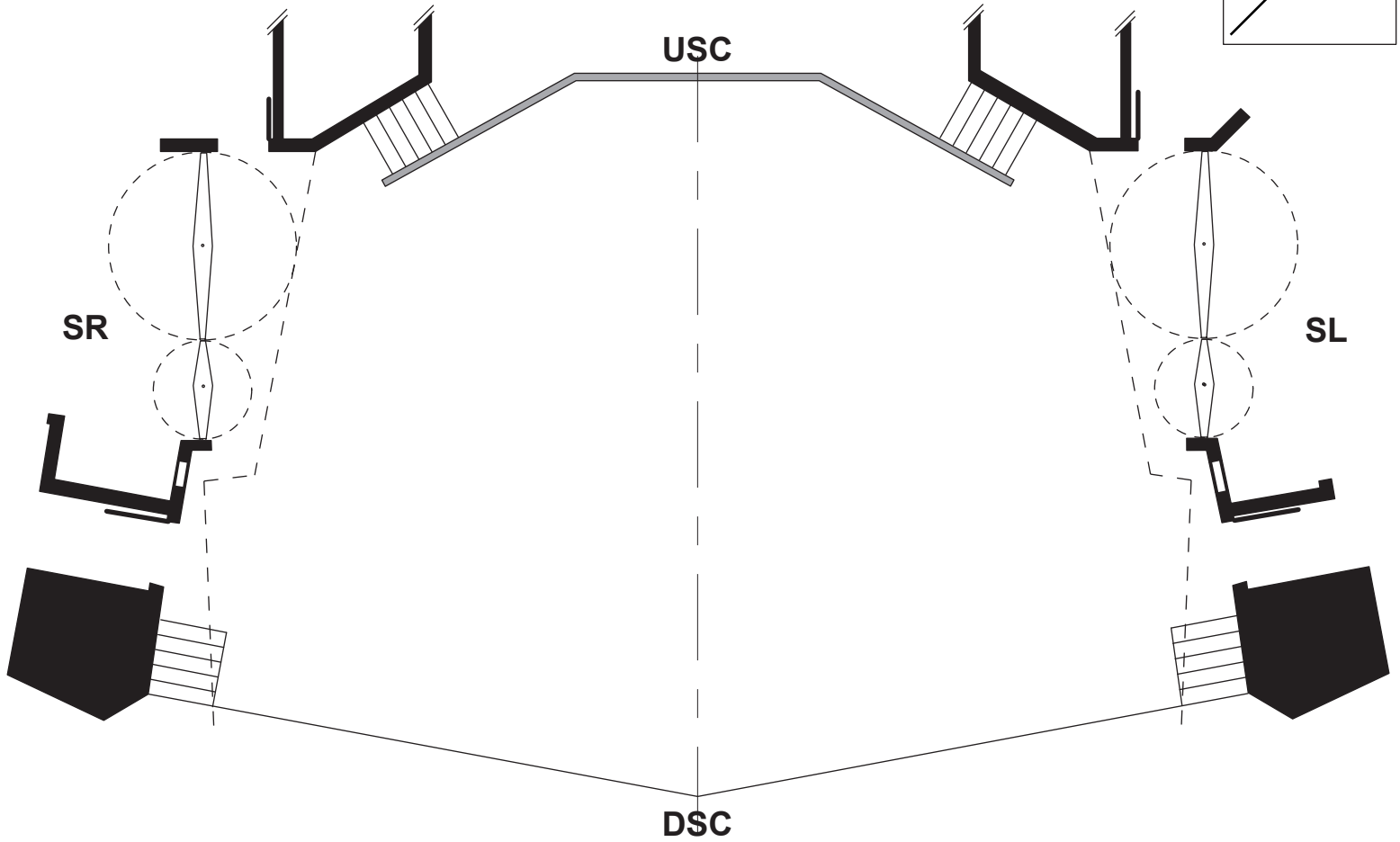


Event: _____
Group: _____
Contact: _____



Staging: _____

Sound: _____

Lights: _____

