



Boston Live Magazine™
Club/Venue Listing Form

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Business Phone: _____ Fax: _____ Concert Line: _____

Web Site: _____ E-Mail: _____

Booking Phone: _____ Contact: _____ Hours to Call: _____

Circle Type(s) of Music: Alternative, Blues, Celtic, Classical, Folk, Jazz, Rap, Reggae, Rock, World, Etc: _____

Hours of Operation: _____ DJ Nights: _____

Cover Charge or Ticket Prices: _____ Karaoke: _____

Ages (if there are 18+ nights etc.): _____

Capacity: _____

Up stairs: _____ Downstairs: _____

Handicapped Accessible: Yes No Smoking Area: _____

Food: (do you serve, and how late?): _____ Take out hours: _____

Reservations: not required recommended required comments _____

Dress Code: Yes No Description (no hats, sneakers, etc.): _____

Coat Room: Yes No

Parking: Street Garage Lot Public Valet Other (validate) _____

Directions by Public Transportation: _____

Additional Comments (please limit to 20 words or less)

Your Signature: _____ Your Position: _____ Date _____

Do not write below
Code _____ Date _____ m.o.p. _____

Please return to:

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