

Tour Personnel Sheet

One sheet per person traveling with the tour — artist, crew, and management. Fill one out for everyone before the first date. Store securely (this contains sensitive PII and banking info) and bring both a digital copy and a printed binder copy on the road.

Privacy note: This document contains passport numbers, banking details, and medical information. Keep it encrypted/password-protected, limit access to the TM and management, and shred printed copies after the run.

Person 1

Identity

- **Legal name (as on passport/ID):** [FILL IN]
- **Preferred name / stage name:** [FILL IN]
- **Role on tour:** [e.g., Artist / Tour Manager / FOH Engineer / Monitor Engineer / Lighting / Backline Tech / Merch / Photographer / Security / Driver]
- **Date of birth:** [FILL IN]
- **Nationality / citizenship:** [FILL IN]

Contact

- **Mobile (with country code):** [FILL IN]
- **Email:** [FILL IN]
- **Home address:** [FILL IN]
- **Messaging app & handle (WhatsApp/Signal/etc.):** [FILL IN]
- **Social handle (if needed for content/credits):** [FILL IN]

Emergency Contact

- **Name:** [FILL IN]
- **Relationship:** [FILL IN]
- **Phone (with country code):** [FILL IN]
- **Email:** [FILL IN]
- **Second emergency contact (optional):** [FILL IN]

Travel Documents

- **Passport number:** [FILL IN]
- **Passport issuing country:** [FILL IN]
- **Passport expiration date:** [FILL IN] *(flag if within 6 months of travel)*

- **Visa / work permit status (for relevant countries):** [FILL IN]
- **Global Entry / TSA PreCheck / Known Traveler #:** [FILL IN]
- **Driver's license # & state/country (if driving):** [FILL IN]
- **Frequent flyer / loyalty #s:** [FILL IN]

Health, Dietary & Medical

- **Dietary preference/restriction:** [e.g., vegetarian, vegan, gluten-free, none]
- **Food allergies (severity):** [FILL IN — note if anaphylactic / EpiPen carried]
- **Other allergies (meds, environmental):** [FILL IN]
- **Medical conditions crew should know:** [FILL IN — e.g., asthma, diabetes, seizure disorder]
- **Daily medications (name + dosage, carried by person):** [FILL IN]
- **Blood type (optional):** [FILL IN]
- **Health insurance provider & policy #:** [FILL IN]
- **Travel/medical insurance (for international):** [FILL IN]

Payment / Compensation

- **Engagement type:** [Employee / Independent contractor / Band member]
- **Per diem rate:** \$[FILL IN] per day, paid [daily cash / weekly / lump sum]
- **Day rate or salary (crew):** \$[FILL IN] per [day/week/run]
- **Buyout / meal buyout (if applicable):** \$[FILL IN]
- **Payment method:** [Direct deposit / Check / Wire / Cash / PayPal/Venmo]
- **Bank name:** [FILL IN]
- **Account holder name:** [FILL IN]
- **Routing number (US):** [FILL IN]
- **Account number:** [FILL IN]
- **For international wires — SWIFT/BIC & IBAN:** [FILL IN]
- **Tax form on file:** [W-9 / W-8BEN / other] — date received: [FILL IN]
- **SSN/EIN (for 1099, store securely):** [FILL IN]

Logistics & Sizing

- **T-shirt / merch size:** [FILL IN]
- **Comp ticket needs per show (guest list default):** [FILL IN]
- **Rooming preference:** [Single / will share with: ____ / no preference]
- **Smoker:** [Y/N]
- **Notes (driving eligibility, instrument owned, special skills):** [FILL IN]

Person 2

(Duplicate the full block above for each additional person.)

Identity

- **Legal name (as on passport/ID):** [FILL IN]
- **Preferred name / stage name:** [FILL IN]
- **Role on tour:** [FILL IN]
- **Date of birth:** [FILL IN]
- **Nationality / citizenship:** [FILL IN]

Contact

- **Mobile (with country code):** [FILL IN]
- **Email:** [FILL IN]
- **Home address:** [FILL IN]
- **Messaging app & handle:** [FILL IN]

Emergency Contact

- **Name:** [FILL IN]
- **Relationship:** [FILL IN]
- **Phone:** [FILL IN]
- **Email:** [FILL IN]

Travel Documents

- **Passport number:** [FILL IN]
- **Passport issuing country:** [FILL IN]
- **Passport expiration date:** [FILL IN]
- **Visa / work permit status:** [FILL IN]
- **Known Traveler #:** [FILL IN]
- **Driver's license # & state/country:** [FILL IN]

Health, Dietary & Medical

- **Dietary preference/restriction:** [FILL IN]
- **Food allergies (severity):** [FILL IN]
- **Other allergies:** [FILL IN]
- **Medical conditions:** [FILL IN]
- **Daily medications:** [FILL IN]
- **Health insurance provider & policy #:** [FILL IN]

Payment / Compensation

- **Engagement type:** [FILL IN]
- **Per diem rate:** \$[FILL IN] per day
- **Day rate or salary:** \$[FILL IN]
- **Payment method:** [FILL IN]

- **Bank name:** [FILL IN]
- **Account holder name:** [FILL IN]
- **Routing number:** [FILL IN]
- **Account number:** [FILL IN]
- **SWIFT/IBAN (international):** [FILL IN]
- **Tax form on file:** [FILL IN]

Logistics & Sizing

- **Merch size:** [FILL IN]
- **Comp ticket needs:** [FILL IN]
- **Rooming preference:** [FILL IN]
- **Notes:** [FILL IN]

Master Roster Summary (Quick Reference)

Name	Role	Mobile	Per Diem	Passport Exp.	Dietary/Allergy	Emergency Contact
[FILL IN]	[FILL IN]	[FILL IN]	[\$[FILL IN]]	[FILL IN]	[FILL IN]	[FILL IN]
[FILL IN]	[FILL IN]	[FILL IN]	[\$[FILL IN]]	[FILL IN]	[FILL IN]	[FILL IN]
[FILL IN]	[FILL IN]	[FILL IN]	[\$[FILL IN]]	[FILL IN]	[FILL IN]	[FILL IN]

TM keeps this summary on a phone for fast emergency-room / border / venue-credential lookups.