

Event Information

Event Description

Event Date Time Duration

Event Facility Name

Event Facility/Contact Person

Event Address

Event Facility/Contact Phone Numbers

City, State Zip

Event Facility/Contact Phone Numbers

Event Planner/ Coordinator Name

Event Planner/ Coordinator Phone #

Where is the event to be held? (Circle One) Indoors? Outdoors?

If outdoors, is there a covered or shaded area? Yes No
(N/A if evening or twilight)

Will there be adequate lighting ? Yes No
(enough light to read by)

Ensemble Information and Fees

Ensemble Type: (Quartet/Trio/Duo)

Total Fee (including travel)

Deposit Payment Date

Balance Payment Date

Any special instructions for the ensemble:

Any special music? (Note possible additional charges):
