

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/Wedding 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?
(N/A if evening or twilight) Yes No

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

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):
