

Harbor Quartet Information Sheet

Date of event: _____

Time of event: _____

Place of event: _____

Address of event: _____

Name of client: _____

Address: _____

Phone number: _____

Email: _____

Indoors or outdoors? (Please check one)

Indoors: _____ Outdoors: _____

Rain site? Yes _____ No _____

Wedding coordinator/ contact person for quartet
on day of ceremony.

Name: _____

Phone number: _____