

# Harbor Solo Violin 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: \_\_\_\_\_