

Carnelian Strings

Event Contract

Event: Wedding___ Reception___ Cocktails___ Dinner___ Other_____

Client Name:_____ Address_____

Phone_____ Cell Phone_____ Email_____

Date of event:___/___/___

Event location:_____ Address_____

Comments_____

Indoors: Yes___ No___ Both___; If both, explain_____

Contact Person/Coordinator_____ Phone number(s)_____

Ensemble (choose one or more):

Solo Violin___; 2 Violins___; Violin/Viola or Cello___; String Trio___; String Quartet___;

Violin & Harp___; For Violin/Guitar duo - see www.sonomahotstrings.com

Comments/Details_____

For weddings – Wedding Party: Grandmothers/Mothers ___/___; Brides Maids___;

Flowergirl(s)___; Ring Bearer(s)___: Others (sponsors, friends, pets, symbols)_____

Comments_____

Total Price \$_____; Deposit sent_____ (50% or full); Date sent___/___/___

Date received___/___/___; Balance due_____ Date final \$ received___/___/___

Comments_____

Service Provider for Carnelian Strings:

Client _____

Mary B. England _____

Date Signed ___/___/___

Date Signed ___/___/___

Deposit and Final payment are non-refundable. Musicians will be available for your event at the exclusion of other employment offers. Make the check out to: Mary B. England. Mail to: P.O. Box 2574, Santa Rosa, CA 95405