



Client

Phone

addl. contact

EVENT PROFILE AND INSTRUCTIONS WORKSHEET

EVENT DATE:

CEREMONY LOCATION:

CEREMONY START TIME:

APROX DURATION:

NOTES/SONGS

SYSTEM NEEDED:

RECEPTION LOCATION

COORDINATOR

START TIME

CONTACT INFO.

NOTES:

[] SONG LIST COMPLETE DATE _____

[] SYSTEM NEEDS AND QUOTATION COMPLETE DATE _____

[] LIVE MUSIC REQUEST FORM COMPLETE (SMASHBOX BAND) _____

TOTAL FEES \$ _____ DEPOSIT _____ PAYMENT _____

Deposit secures services, final payment is due day of event prior to start.

NOTES/ ADDITIONAL AGREEMENTS