

Artelli String Quartet Agreement of Service

With

Name: _____ (hereafter referred to as "the Client")

Phone Numbers: Home: _____ Business: _____ Ext.: _____ e-mail: _____

Mailing Address: _____

Date of Service: _____ Time(s): _____

Location(s): _____

Phone Number of Church: _____ Phone Number of Hall: _____

Name of Clergy or Officiant: _____ Number of Bridesmaids: _____ Number of Flower-girls/ring-bearers: _____

Musical Selections for the Ceremony

Preludes: _____

(Mother of the Bride/Lighting of Candles): _____

Processional: _____

Signing of the Register: _____

Recessional: _____

Musical Selections for the Reception and/or Cocktail Hour (if applicable):

Please complete the enclosed repertoire check-list

The Quartet requires: a minimum space of 2.5 metres by 3 metres, 4 flat chairs without arms, access to an electrical outlet if lighting is not sufficient for music reading and in the case of an outdoor ceremony, an over-head shelter for the safety of our instruments.

Payment

In return for the service detailed above, the Client agrees to the following payment schedule:

Total Fee \$ _____

50% Deposit (non-refundable) \$ _____

Balance (cheque post-dated to the date of the service) \$ _____

The under-signed agree in full to the details and conditions above:

Signature of Client: _____ Date: _____

Signature of the Artelli String Quartet: _____ Date: _____

Please send both completed copies of this contract with payment to:

Artelli String Quartet
1 Bushmills Crescent
Guelph, Ontario, N1K 1T5
astringquartet@rogers.com

A member of the quartet will sign both copies and return one copy with a receipt for your records