

## 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: \_\_\_\_\_