

Andrea Stern  *Concert & Celtic Harp*

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Minneapolis, MN 55406

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E-mail: andrea@andreastern.com

NAME _____

ADDRESS _____

CITY, STATE, ZIP _____

PHONE _____

E-MAIL _____

DATE OF EVENT _____

TIME _____

TYPE OF SERVICE _____

LOCATION _____

LOCATION PHONE AND CONTACT INFORMATION _____

MUSICIAN(S) _____

ADDITIONAL INFO _____

FEE \$ _____ DEPOSIT PAID \$ _____ REMAINDER DUE \$ _____

TERMS

1. A nonrefundable deposit of \$100 is necessary to reserve the date. The balance is due either the week prior to the start of the engagement or prior to the performance.
2. Please return the contract with the deposit within 2 weeks so I can guarantee my availability.
3. In bookings of more than one hour, I will take a 15-minute break after each hour.
4. If I must cancel, a qualified harpist will be provided and the deposit will be returned to you.

The undersigned parties agree to the above terms and conditions.

Dated _____ Signed _____

Dated _____ Signed _____

Andrea Stern

If there are any changes, please write them in and write your initials next to them. Please return the signed contract and deposit to my address. Keep a copy of the contract for your records. Thank you.