

Andrea Stern  *Concert & Celtic Harp*

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Minneapolis, MN 55406

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FOR _____
ADDRESS _____
CITY, STATE, ZIP _____
HOME PHONE _____
WORK PHONE _____
CELL PHONE _____
DATE OF EVENT _____
TIME _____
TYPE OF SERVICE _____
LOCATION _____

LOCATION PHONE _____
MUSICIAN S _____
ADDITIONAL INFO _____

CONTACT PERSON _____ PHONE _____
FEE _____ DEPOSIT PAID _____ REMAINDER DUE _____

TERMS

1. A nonrefundable deposit of _____ 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.