

Date	
Manager- Lisa Kriss phone: (303) 703	-6549 fax: (303) 703-6549
lisa@metropolitanstrings.com	
Please return this contract and deposit	(if applicable) to reserve your date.
The musical services of the Metropolitan S	trings will be rendered on:
Employer's name and address:	Engagement Time: (from):(to): Phone Number(s):
How did you hear about us?	E-mail address:
	Other (please list)
Event:	Location:
\$40.00 Deposit of half the total amount (towar event except for \$50.00 service fee) Additional fee for extended travel time	ration time, we recommend that special requests be given at
Total amount due: \$	(Including deposit amount-see letter for rates)
**Make checks payable to: _Lisa Kri **Full payment is due at the time of th	(Please do not make out to Metropolitan Strings.)
The Metropolitan Strings request that path pack up and proceed to our next performant the event, and allows us to arrive at our newhom we should contact for payment on the Name of payment contact:  Relationship to employer:  ** The Metropolitan String Quartet may be Therefore, we request that the contracted to occasion events run longer than anticipated.	rons pay in full <i>before the event starts</i> . This allows us to ace without having to disturb or interrupt the employer after att engagement on time. Please list the name of the person are contracted day.
Employer's signature	Manager's signature

Thank you for your patronage!