



Canada Revenue Agency Charitable Registration Number: 1081722255RR0001

**♪ PERFORMANCE REQUEST ♪**

Please check  type of event and all requirements of the performance below.  
**Add** any other relevant information

DESCRIPTION OF EVENT	LOCATION/CONTACT	PERFORMER(S)REQUESTED
Wedding	Date/Time of Event:	Soloist Duo
Private Party	Location of Event:	Trio Ensemble
Concert	Address:	Piano Harp Voice Other _____
Corporate Event	Contact Name:	Violin Cello Viola
Recording/Media	Phone #:	Classical Jazz Contemporary/Modern
Other	Or Any and All Details of Event:	Early/Medieval Latin Folk/Ethnic
		Musical requests/details:

- ❖ How many people do you expect to attend your event?
- ❖ Do you require a piano keyboard Yes No
- ❖ Do you have a piano on site Yes No
- ❖ If yes, please indicate the type of instrument:  
(i.e. Grand, upright, Keyboard, weighted keys)
- ❖ Please indicate how recent the piano was tuned:
- ❖ Please provide details of amplification equipment available or required:

Please Send completed form to:  
**Email to Megan Nell** at [nell@vcm.bc.ca](mailto:nell@vcm.bc.ca) by **fax:** 386-6602 or **call** 386-5311  
 ext. 200.