



The Debrose Choir

Musical Director: Mr Philip Asher, BMus(Hons), ARCO
 Tel. 01706 642471 / 662603 Web. www.debrose.info

Booking Form

Please complete all the fields on this form. This will enable us to be well prepared for your concert or event. Please continue on a separate sheet if required.

| | | | | | |
|---|------------|---|--|--|------------|
| Organisation: | | | | | |
| Date & Time of Concert/Event: | | | | | |
| Venue of Concert/Event: | | | | | |
| Address of Venue: | | | | | |
| Contact Person: | | | | | |
| Address: | | | Tel. N ^o : | | |
| | | | E-mail: | | |
| Best time to contact: | | | | | |
| Please briefly outline the purpose of the concert/event: | | | How long would you like the choir to sing for? | | |
| | | | | | |
| Do you intend to have an interval? | † YES / NO | Do you intend to serve refreshments? | † YES / NO | Is there a room available for the choir to change/warm-up? | † YES / NO |
| Is there a piano* available for the choir to use? | † YES / NO | If not, are there electrical sockets in easy reach of the performing space? (We do have an extension cable) | | † YES / NO | |
| *Please note that the piano <u>must</u> be in good condition and good tune. If you are in doubt about this, please contact us so we can make arrangements. | | | | | |
| Will any other group(s) be participating in the concert/event? | † YES / NO | If YES, please outline which group(s) and their role in the concert/event. | | | |
| Is there any specific piece/repertoire or theme you would like us to consider for the programme? | | | | | |
| Is there any other information you need to inform us of? | | | | | |

† Please delete as appropriate.

Completed by: _____
 [Print Name]

Signed: _____

Date: _____

Please return the form to:
 Mrs Jackie Holt, 3 Hilda Street,
 Heywood, OL10 4JX, Tel. 01706 662603