

Lisa Carlson 18 Langdon St, Suite 4 Montpelier, VT 05602

802-229-9901

[lisa@lisaflute.com](mailto:lisa@lisaflute.com)

## Music Contract

Lisa Carlson agrees to provide: \_\_\_\_\_

For (person and event): \_\_\_\_\_

Contact Address: \_\_\_\_\_

Contact Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_ Email \_\_\_\_\_

Date of Event: \_\_\_\_\_ Contracted Time: \_\_\_\_\_

Location: \_\_\_\_\_ Phone of location: \_\_\_\_\_

Address of Location: \_\_\_\_\_

Name, email & phone of event planner: \_\_\_\_\_

Alternate name, email & phone: \_\_\_\_\_

The undersigned agrees that the musicians and instruments will be protected from all precipitation or moisture, direct sun, winds above 10 miles per hour, temperatures below 50 degrees, and will set up on a relatively level, fully dry surface of at least 8' x 8'. The musicians have sole discretion to determine whether the above conditions are met, and may alter the performance plan as needed if the conditions are not met, including refusing performance if weather or set-up conditions pose a hazard to instruments. In this case, the full fee will still be required. The musicians will require straight-backed, armless chairs, and may require up to 60 minutes of set-up time prior to the contracted time, and 30 minutes following. Additional fees may apply for special arrangements or purchase of unique repertoire selections. Final payment is required at least 7 days prior to the event.

Fees are as follows: \_\_\_\_\_

50% non-refundable Deposit/Retainer Fee: \_\_\_\_\_ to be included with this contract by: \_\_\_\_\_

Remainder: \_\_\_\_\_ Due on or before: \_\_\_\_\_ Please make checks payable to Lisa Carlson.

If the musicians, due to illness, accident, or other circumstances beyond our control, are unable to fulfill this obligation, the deposit will be refunded. In the event that the wedding or the musicians' services are cancelled, the deposit will be retained by the musicians.

We affirm that we have read and approve the terms and conditions set forth in this contract:

Printed name of person responsible for payment: \_\_\_\_\_

Signature of person responsible for payment: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Musician: \_\_\_\_\_ Date: \_\_\_\_\_

May we use pictures/quotes from this wedding for blog entries, advertising, or similar purpose? Yes No  
(please circle one)

Name of photographer for credits, if available: \_\_\_\_\_

Please let us know how you found out about us (please circle any that apply):

Word of Mouth from \_\_\_\_\_; Vermont Association of Wedding Professionals;

Vermont Bride Magazine: ad / blog article / web ad / Look Book; Rainbow Weddings; VermontWeddings.com

Google Search directly to [lisaflute.com](http://lisaflute.com) \_\_\_\_\_;

(Please include search words if you recall)

Other and/or additional information: \_\_\_\_\_

This contract authorizes Lisa Carlson to send newsletter updates, with easy unsubscribe options, unless otherwise noted here.