



MUSICIANS REFERRAL SERVICE REQUEST FORM

Conservatorium Open Academy
ABN 15 211 513 464

Step 1 – Contact Person/Organisation

Contact name _____

Organisation _____

Postal Address _____

_____ P/Code _____

Email _____

Tel (wk) _____ (home) _____

Mobile _____ Fax _____

Step 2 – Event Details

Day and Date for performance _____

Duration of performance: From _____ To _____

Type of event Wedding Party Launch/Reception

Funeral Other _____

Venue _____

Venue Address _____

Location at venue _____

Indoors Outdoors with cover Outdoors with no cover

Suggested parking for performers _____

Time of arrival for set-up or rehearsal? _____

Name of liaison person at venue _____

Person's contact details _____

Alternative venue/location (if applicable) _____

Step 3 – Performance Request

Type of ensemble (check the referral service guidelines)

String Quartet String Trio Jazz Ensemble

Solo Piano Solo Voice Early music ensemble

Other _____

Preferred music style/repertoire _____

Dress requirements Formal Evening Dress (B & W)

All Black Lounge Suit Smart Casual

Step 4 – Payment

In submitting this application I acknowledge that I have read and accept the referral service guidelines and responsibilities of all parties as outlined in the information section.

I enclose the non-refundable administration fee of \$75.00.
Payment is by:

Cheque payable to 'University of Sydney'

OR Mastercard Visa

Card number _____

Expiry Date _____

Name on card _____

Cardholder signature _____

Step 5 – Forward application by

Mail or in person

Conservatorium Open Academy
Musicians Referral Service
Sydney Conservatorium of Music
Macquarie Street, Sydney NSW 2000

Telephone 02 9351 1208

Fax 02 9351 1210