



# MELBA CONSERVATORIUM OF MUSIC

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## Melba Performers' – Booking Form

Name of Organisation

Contact Person

Address

  

Postcode

Telephone

Business Hours

Mob

After Hours

Fax

Date of Performance

Duration of Performance

From

To

Venue / Location of Performance

  

Postcode

Type of performance required (eg. Solo piano, instrumental group, vocal)

Type of function – How, when and where the performance will take place within the function (eg. background music at the start of the function; ongoing throughout function with one break)

  
  
  
  

Time of arrival / set-up of performers

Sound-check / rehearsal possible?

**YES / NO**

Time (if "YES")

Name and contact details for performers to report to on the day