



THE EXCELSIOR BAND®

CLIENT BOOKING & EVENT PLANNING FORM

Please complete as fully as possible. Submission does not reserve a date.

CLIENT / CONTACT INFORMATION

CLIENT / ORGANIZATION NAME

PRIMARY CONTACT

EMAIL ADDRESS

PHONE NUMBER

BILLING ADDRESS

CITY / STATE / ZIP

PREFERRED CONTACT METHOD

EVENT OVERVIEW

EVENT TYPE

EVENT DATE

PERFORMANCE START TIME

END TIME / DURATION

WEDDING PLANNER / EVENT CONTACT INFORMATION

VENUE INFORMATION

VENUE NAME

VENUE CONTACT / PHONE

VENUE STREET ADDRESS

CITY / STATE / ZIP

PARKING / LOAD-IN LOCATION



THE EXCELSIOR BAND®

PERFORMANCE DETAILS

Tell us how you would like the band to participate in your celebration.

REQUESTED PERFORMANCE

PERFORMANCE TYPE (CHECK ALL THAT APPLY)

- | | | | |
|--|---|--|---------------------------------|
| ☐ Second line | ☐ Wedding ceremony | ☐ Reception | ☐ Parade |
| ☐ Corporate event | ☐ Festival | ☐ Private party | ☐ Other |

OTHER / DESCRIPTION

REQUESTED PERFORMANCE LENGTH

TIMELINE & ROUTE

BAND ARRIVAL / CHECK-IN TIME

GUEST ARRIVAL TIME

SECOND-LINE / PROCESSIONAL START

ON-SITE CUE CONTACT / PHONE

STARTING LOCATION

ENDING LOCATION

ROUTE, DISTANCE, STAIRS, ELEVATORS, STREET CLOSURES OR OTHER MOVEMENT DETAILS