

A U S T R A L I A ' S P R E M I E R R E C E P T I O N B A N D

Kaleidoscope



Booking Form

TOP 40 | R&B | DANCE | RETRO | JAZZ | SOUL

Kaleidoscope Entertainment

PO Box 634 , Vacluse 2030 | Tel: (02) 9365 6060 | Fax: (02) 9365 6061 | www.barel.com.au

Booking Form

Personal Details

First Name _____ Family Name _____
Home Phone: _____ Work Phone _____
Mobile: _____ Email Address: _____

Second Contact Details (Optional)

First Name _____ Family Name _____
Home Phone: _____ Work Phone: _____
Mobile: _____ Email Address: _____

Reception Details

Function Date _____
Venue: _____
Venue Address: _____
Venue Telephone: _____ Venue Contact: _____
Start Time: _____
End Time: _____

Dress:	<input type="checkbox"/> Formal	Band Line-Up	<input type="checkbox"/> 4 Piece Band
	<input type="checkbox"/> Smart Casual		<input type="checkbox"/> 5 Piece Band
	<input type="checkbox"/> Semi Formal		<input type="checkbox"/> 6 Piece Band
	<input type="checkbox"/> Cocktail Lounge		<input type="checkbox"/> 7 Piece Band
Event Type	<input type="checkbox"/> Wedding	I Found You Thru	<input type="checkbox"/> Advertising
	<input type="checkbox"/> Bar/Bat Mitzvah		<input type="checkbox"/> Venue
	<input type="checkbox"/> Birthday		<input type="checkbox"/> Event Manager
	<input type="checkbox"/> Corporate Reception		<input type="checkbox"/> Friends & Family
	<input type="checkbox"/> Other		<input type="checkbox"/> Other

TERMS & CONDITIONS

1. This contract provides Kaleidoscope for a total of either 4 or 6 hours from the time your guests arrive.
2. This contract provides a maximum total of five (5) music brackets with a maximum duration of 45 minutes each.
3. Each Kaleidoscope member must be provided with one staff meal and a chair during non performance times.
4. Full payment is due one week prior to the function date.

Name: _____
Date: _____
Signature: _____

Kaleidoscope

AUSTRALIA'S PREMIER RECEPTION BAND