

JSGS Publishing

4415 Monserrate Street
Coral Gables, FL 33146

Form No.

Tel: (330)-217-5544

Email: yunxcao@miami.edu

RENTAL QUOTE REQUEST FORM

Presenting Organization: _____

Name of Performer or Performance Organization: _____

ASCAP License Number: _____ Organization FedEx Number: _____

Presenting Organization Point of Contact Name (First, Last): _____

Email Address: _____ Phone Number: ____-____-_____

Performance Organization Shipping Address: Billing Address (leave blank if same):

Street: _____ Street: _____

City: _____ State: _____ City: _____ State: _____

Zip: _____ Country: _____ Zip: _____ Country: _____

Title Requested for Rental: _____

String Count (vln 1-vln 2-vla-vc-cb): ____-____-____-____-____

Number of Performance(s): _____

Date and Time of Performance(s): _____

Performance Venue(s): _____

Conductor: _____ Featured Soloist (if applicable): _____

First Rehearsal: ____/____/_____

Required Date for Receipt of Material: ____/____/_____

Performance Type (mark all that apply):

Live Concert Performance

Performance for Webcast

Performance for Radio Broadcast

Performance for Television

Performance with Choreography

Audio-Only Commercial Recording

Educational/Outreach Production

Other: _____