



Quote Request Form For Customized Concert Tour Planning

Please return to Friendship Ambassadors Foundation at:
299 Greenwich Avenue, Greenwich, CT 06830 ♦ Fax: (203) 542-0661 ♦ Email: friendlyam@faf.org

I. GROUP INFORMATION

The name of your group:

Type of your group:

How many travelers do you expect to bring on your tour? group members + chaperones

Do you plan to bring companions? Yes No If yes, how many?

What age are your group members?

II. TOUR INFORMATION

Your preferred tour length (number of days):

Your preferred travel dates: Departure: (month) (day) (year)
Arrival home: (month) (day) (year)

Your preferred destination(s):

Where would you like FAF's tour manager to join you? At the point of departure in the U.S.
 Upon landing in first destination

What airport do you usually fly out of?

How much time would you like us to devote to free time?

What level of accommodations would you prefer?

How many meals would you like us to provide a day?
 breakfast only breakfast and a second meal three meals a day

III. PERFORMANCE REQUIREMENTS

Please describe your repertoire briefly:

Is your repertoire: (please select one)

- solely sacred
- solely secular
- primarily sacred
- primarily secular
- a combination of sacred / secular

What settings do you require?
Please select one in each column.

- | | |
|-----------------------------------|----------------------------------|
| <input type="checkbox"/> indoors | <input type="checkbox"/> sacred |
| <input type="checkbox"/> outdoors | <input type="checkbox"/> secular |
| <input type="checkbox"/> either | <input type="checkbox"/> either |

Stage preferences: Minimum dimensions: Optimum dimensions:

Flooring: doesn't matter wooden / parquet Marley stone

Technical requirements

Sound requirements: Lighting requirements:

Do you require a piano or a keyboard? Yes, either one Yes, a piano
 Yes, a keyboard No, we don't require either

Do you require any electrical outlets? No Yes – If yes, how many?
Do you require risers? No Yes – If yes, how many?
Do you require music stands? No Yes – If yes, how many?
Do you require chairs? No Yes – If yes, how many?

Rehearsal time:

Will you be bringing any instruments?
 No Yes - If yes, what kind and how many of each?
Please be as specific as possible so we can assess transportation implications.

Will you need to rent any instruments locally?
 No Yes - If yes, what kind and how many of each?

Will you be bringing any props?
 No Yes - If yes, what exactly and how many of each?

Will you need to rent any props locally?
 No Yes - If yes, what exactly and how many of each?

How many performances would you like during your trip?

How many exchange opportunities would you like during your trip?

Do you have any local contacts at any of your destinations that you would like us to get in touch with?
 No Yes

Anything else of importance you would like to share with us?

IV. CONTACT INFORMATION

Your name:
First Middle Family Name

Your institution's name:

Your title/position:

Address:
No. Street State ZIP Code City

Work phone:
Area Code Phone Number

Fax:
Area Code Phone Number

Home phone:
(optional) Area Code Phone Number

Cell phone:
(optional) Area Code Phone Number

Email address: