

INQUIRY FOR THE PERFORMANCE OF THE ZAGREB ZET ORCHESTRA

EVENT / MANIFESTATION: *

THE ORGANIZER: *

DESCRIPTION OF THE EVENT: *

CONTACT PERSON: *

CONTACT PHONE No: *

CONTACT E-MAIL: *

TIME OF THE PERFORMANCE: *

LOCATION: *

DURATION: *

PROGRAM:

THE ORGANIZER PROVIDES: *

fee	photography
transportation	a/v recording
accommodation	media coverage, enter who:
food	
drink	

***Mandatory field**