

# JoAnn Kane

music service

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## RENTAL ORDER FORM

Please fill in all relevant information, and fax this page to (310) 231-9731

Today's Date: \_\_\_\_\_

Name of Performing Organization: \_\_\_\_\_

Type of Organization: Professional Orchestra    Semi-Pro Orch.    Amateur Orch.  
(circle)                    University/College    High School    Religious Institution  
Other: \_\_\_\_\_

|                   |                  |
|-------------------|------------------|
| Shipping Address: | Billing Address: |
| _____             | _____            |
| _____             | _____            |
| _____             | _____            |
| _____             | _____            |
| _____             | _____            |
| phone: _____      | phone: _____     |
| fax: _____        | fax: _____       |
| email: _____      | email: _____     |

Composer: \_\_\_\_\_ Work: \_\_\_\_\_

String Count Required: \_\_\_\_\_ Full Scores Required: \_\_\_\_\_

Number of Performances: \_\_\_\_\_ Date(s) of Performances: \_\_\_\_\_

Date Materials are Required: \_\_\_\_\_ FedEx/UPS acct #: \_\_\_\_\_

Conductor: \_\_\_\_\_ Soloist(s): \_\_\_\_\_

Please describe the nature of your performances (Subscription, Benefit, Recital, etc.): \_\_\_\_\_  
\_\_\_\_\_

Will your performance be broadcast on television or radio? If yes, please describe: \_\_\_\_\_  
\_\_\_\_\_