



CLIENT ASSESSMENT FORM

CLIENT INFORMATION:

Name: Title:
Email: Phone:

EVENT INFO:

1. What is the name of the event?
2. Is anyone being honored at the event? If yes, who?
3. What is the date of the event?
4. List event location, address:
5. What is the time frame of the event?
6. What is the proposed budget?
7. How many guests are expected?
8. Will the event be recorded? If so, KME would like to request a copy.

HOW CAN WE HELP YOU?

1. Would our team be the main source for music entertainment?
2. Where within the event's schedule is music entertainment needed?

Please describe with a breakdown of the schedule below:

3. Will the requested entertainer be the headliner for the event?
4. Will sound be provided?
5. Will backline be provided?
6. Which style of music is preferred?
7. What is the age range of the audience/guests?
8. What is the dress code/theme of the event?
9. What is the date and timeframe for load-in/soundcheck?
10. What are some musical entertainment goals you would like us to assist your event to achieve?

**Thanks so much for choosing KME for your music entertainment goals.
We hope to work with you again soon!**