

QUESTIONARY FOR ACROBATIC PERFORMANCE

Dear Sirs,

We would like to know the following information to quote our costs:

Items	Unit	Quantity
Required duration time per visit:	Day	
Required No. of bouts per day:	Number	
Required times per bout:	Minute	
Required acrobats quantity:	Number	
Space available for performance (length x width x height):	Meter	
Other facilities availble (such as spot lights, professional CD players, etc):		
Your requirements (such as your designated programs, etc):		
Your budget if available:		