



Please print out this form, fill-in the requested information, sign at the bottom, and mail the form and deposit to:

Gene Daniels Disc Jockey Service
P.O. Box 87034, South Dartmouth, MA 02748

Wedding (Bride) _____ (Groom) _____
 Anniversary (Mr. & Mrs.) _____ (Years) _____
 Reunion (School) _____ (Class) _____
 Birthday (Celebrant) _____ (Age) _____ (Surprise) _____
 Banquet _____ (Adult Dance) _____ (Teen Dance) _____
 Holiday Party _____ Other (Explain) _____
 Sponsoring Group _____

Date Of Function: _____ Time: _____ to _____
 Hall _____ Location _____

AGREEMENT

- Disc Jockey shall provide necessary music for function based upon prior experience.
- In the event of equipment failure before or during the function, the liability of the Disc Jockey shall be limited to the return of the deposit and the cancellation of this contract. The Disc Jockey will not be responsible for any damages resulting in his inability to provide services (i.e. equipment failure, delays in transit, etc.) if such inability is due to circumstances beyond his control.
- Prices subject to increase on a yearly basis or in relation to out of area engagements or holiday parties, etc. (See Below)
- A deposit of **\$100.00** is required within **(7)** seven days following initial contact with the Disc Jockey for requested date to confirm booking of the event. If for any reason the event is cancelled, the Disc Jockey will retain the deposit as damages.
- Payment in full is to be received by the Disc Jockey **(10)** ten days prior to the scheduled event date.
- It is the responsibility of the *Person requesting entertainment services* to discuss all final arrangements pertaining to music, accommodations, etc., with the Disc Jockey **(2)** two to **(3)** three weeks prior to the event date.
- In addition to the agreed upon fee, the following will also be provided by the group, club, organization or individual whose signature appears on this contract. _____
- This agreement will be honored only when signed by both the Disc Jockey and the Individual/Event Organizer or Person Responsible for Payment whose signature appears on this contract

The above function is contracted for _____ hours for the amount of \$ _____.

** During event, request for additional hour(s) may be available at an additional fee of **\$75.00** per hour.

Deposit \$ _____ Total/Balance \$ _____

Date _____ Check# _____ Bank _____

Disc Jockey _____ (Signature)

Event Organizer/Person Responsible For Payment:

Name (Print) _____ (Signature) _____

Address _____ City _____ State/Zip _____ Tel. _____

E-Mail Address _____