EVENT D	ATE:
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888-834-3374

1550 S. Anaheim Blvd. Suite E Anaheim CA 92805

soundwavepros@gmail.com www.SoundWavePros.com

imes:	

Set Time:

Event:

of Guests:

Service Agreement

	CLIENT:		SERVICES TO BE PROVIDED
Name(s)			
Phone	Email		
Address			
City	State Zip	p	
	SET-UP SITE:		
Venue Name	Phone		
Address			
Contact			
Room/Area		J	

The undersi	gned client ha	s/have contracted for enterta	ainment services on (date)	;
from	to	, at location described as	set-up site (above).	After the initial payment of \$,
which is a non-refundable retainer applicable to the price of the performance, the balance shall be \$,					
and is due and payable on or before (date) If client wishes additional time beyond					
that agreed upon above, and if such an extension is agreeable to performer, the rate shall be, \$ per hour					
or portion thereof.					
In consideration for services rendered, the client has accepted full and total liability for any and all damages to any and all equipment supplied by performer, caused by client or client's guests.					

Client Signature	Date	Total Cost
Printed Name		Retainer
Performer	Date	Balance