

# Shock Wave Sound

## School Disc Jockey Contract

614-306-8144 • schockwavesounddj@yahoo.com

SHOCK WAVE SOUND agrees to be at the Miami Trace High School (Place) on 9/29/2018 for the Homecoming Dance (Event) from 8 to 11pm.

SHOCK WAVE SOUND will provide a professional DJ dressed for the occasion. The SHOCK WAVE SOUND DJ will provide a variety of music, make arrangements as needed, and provide the following options, as indicated:

Number of hours of basic DJ service 3 \$ 649<sup>00</sup>

DJ sound system with two speakers plus dance floor lighting flashing to the music. .... Add \_\_\_\_\_

DJ sound, lighting and ~~video~~ options # 2 .... Add \_\_\_\_\_

Karaoke / Photo booth ..... Add \_\_\_\_\_

Extra speakers / sound system ..... Add \_\_\_\_\_

Extra lighting / bubbles / uplighting ..... Add 300

Travel ..... Add \_\_\_\_\_

Total of DJ service plus sound and lighting options. .... S 949<sup>00</sup>

Deposit ..... S \_\_\_\_\_

**Balance Due** ..... S \_\_\_\_\_

If additional hours are requested at the event, you will be charged \$75.00 for each additional hour or fraction of an hour. It is the CLIENT, NOT SHOCK WAVE SOUND, who is responsible for any damages that may occur during the event. The following are included in this clause:

1. the property of the client, if it is owned or rented.
2. and the property of SHOCK WAVE SOUND, if the client or his/her guests caused the damage(s).

By signing this contract, it is to the best of SHOCK WAVE SOUND's knowledge that you, THE CLIENT, completely understand the terms in this contract. The CLIENT agrees to pay for the total time contracted above. After signing this contract, please mail or email the contract back to SHOCK WAVE SOUND.

**NOTE:** This legal and binding contract covers the complete terms of the agreement. Any changes must be mutually agreed to in writing. PLEASE do not hesitate to ask or call if you have any questions before signing this contract.

Please mail checks for SHOCK WAVE SOUND DJ service to the address below:

Shock Wave Sound Representative Dean A White Date 8/22/2018

Client \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone ( \_\_\_\_\_ ) \_\_\_\_\_ Work Phone ( \_\_\_\_\_ ) \_\_\_\_\_

Email \_\_\_\_\_

Client Signature X \_\_\_\_\_ Date \_\_\_\_\_

Amount to charge to credit card \$ \_\_\_\_\_ 3-digit security code \_\_\_\_\_

Credit Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_ / \_\_\_\_\_

Signature X \_\_\_\_\_ Date \_\_\_\_\_

For your convenience we accept all major credit cards, or make check payable to: "Shock Wave Sound" and mail to P.O. Box 432, Carroll, OH 43112

Thank You!