

STEINMAN SOUND SOLUTIONS

DJ CONTRACT

Event type: _____

Company Name (optional): _____

Event location:

Name of venue: _____

Address: _____

Name of venue contact person: _____

Phone Number (optional): _____

Event Date: _____ * Number of guest: _____

Start time: _____ am/pm

Finish time: _____ am/pm

setup and takedown time: 1 hour before start time and 1 hour after finish time.

Name of contact person: _____

Phone Number: _____

Name of contact when I arrive at venue: _____

Will you need backgrounds music playing during Dinner/cocktails? _____

Will I have a place to park for loading and unloading? _____

Will food and refreshments be provided for DJ? _____

If you have any questions or concerns please call or text for fastest response.

*\$100 Deposit required to hold date, remaining balance due 14 days before event date.

CONTACT