

1220 3 3/4 Fourth Street 🎵 Turtle Lake, WI 54889

www.AbsolutePartyDJs.com

AbsolutePartyDJs@gmail.com



Client Name, Address, Phone & Email

TODAY'S DATE _____

EVENT INFORMATION

Event _____

Date _____

Start Time _____

End Time _____

Absolute Entertainment is contracting with the above client for the stated date and times. We charge an hourly rate of \$125.⁰⁰ and arrive approximately one hour before your event to set up. A Set-Up Fee may be added to your total if the event venue/location is determined by the deejays to be extremely difficult or dangerous to maneuver equipment and complete their set-up (this is very rare). We make efforts to determine a reasonable fee that will be added to this contract prior to your event based upon information you, venue owners/staff, or internet research provides. A \$100.⁰⁰ deposit is due upon signing this contract to secure your date. 50% of the total (50% - \$100 deposit) will be due 60 days before the event. The remainder is due by the date of your event prior to the start time. Requested changes to the start or end time will be adjusted accordingly to your balance. Our rates include travel within a 75 mile radius of Turtle Lake. Credit Card fees may be applied to the balance, not to exceed actual cost. These fees will not be added without your knowledge and prior consent. In the event of a cancellation or change of date (and Absolute Entertainment is unavailable for the amended date), the deposit is non-refundable unless made prior to 120 days of the scheduled event date. Refunds will be sent within 30 days of notification. Absolute Entertainment is not responsible for any injuries. Client may be held responsible for any equipment damages caused by no fault of our own. Photos, videos, or other recordings taken by Absolute Entertainment will be released at our choice and discretion. Per your request, we will remove or choose not to release specific media items. **THANK YOU FOR CHOOSING ABSOLUTE ENTERTAINMENT!**

Additional Comments/Contract Alterations

	Total		PAYMENT METHOD
	Deposit		CASH CHECK CC
\$ _____	Balance		
Due By ____ / ____ / ____	Payment		CASH CHECK CC
	Balance		
\$ _____	Due		CASH CHECK CC
Due By ____ / ____ / ____			

Client Signature _____ Date _____

Representative Signature _____ Date _____