

WE DO NOT SECURE YOUR DATE ON OUR CALENDAR UNTIL THE DEPOSIT IS RECEIVED.

Client Info:

Client Name: _____

Address: _____

City: _____

State: _____

Zip Code: _____

Phone: _____

Email: _____

Event Info:

Event Date: _____ Event Time: _____ to _____

Event Location: _____

Total Photo Booth Rental: _____

Amount Deposited: _____ Check #: _____

Signature of Client: _____ Date: _____

Please return this signed and a check (deposit) back to:

Steve Marshall

5500 Lincoln Way East Lot29c

Fayetteville Pa 17222

If any check is returned for "NSF" a \$75.00 fee will be assessed and must be paid with in 1 week of notice. A 100.00 fee will be charged for changing your date.