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 Tin | ne: | _ to |
| Event Location: | | | |
| Total DJ Price: | | | |
| Amount Deposited: | Che | eck #: | |
| Signiture of Client: | Date: | | |
| Please return this signed | and a check | (deposit | t) 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 fee of 100.00 will be charged for changing your date.

Page 5