



A Touch of Class

DISC JOCKEYS

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ENTERTAINMENT CONTRACT

This contract is for the entertainment services of *A Touch of Class* for the event described below, made this ____ day of _____, 20____ between the undersigned purchaser of entertainment (herein after referred to as "Employer") and *A Touch of Class*.

GENERAL INFORMATION

Employer Name _____
 Address _____ City _____ State ____ Zip _____
 Daytime Phone () _____ Evening Phone () _____
 Fax () _____ Email _____

EVENT INFORMATION

Type of Event _____ Date of Event ____ / ____ / ____
 Location of Event _____ Time of Event _____ ^{AM} to _____ ^{PM}
 Room (if applicable) _____ Address _____
 City _____ State ____ Zip _____ Phone () _____

TERMS AND CONDITIONS: 1. A Touch of Class agrees to provide to the Employer, for compensation, specified entertainment packages and services, which may include sound systems, light shows, emcee and coordination of said event. 2. The employer agrees to pay A Touch of Class a **non-refundable** deposit, due at signing of this entertainment contract, and the remaining balance will be due no later than **60 days** prior to the event. In the event of cancellation by the employer, after final payment is made, no monies will be refunded. However, the money retained by A Touch of Class can be applied to another event within one year of the original contract signing. 3. Liability of A Touch of Class shall not exceed the total cost of entertainment services. 4. Fees for additional hours requested by the employer, not listed on this contract, shall be paid in full on the night of the event.

Thank you for choosing *A Touch of Class*.

PRICING INFORMATION

Deluxe Package	First Class Package	Party Saver Package	\$ _____
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Additional Hour(s) _____			\$ _____
Specific DJ Request for _____			\$ _____
Other _____			\$ _____
SUBTOTAL			\$ _____
Non-Refundable Deposit (Due at contract signing)			— \$ _____
BALANCE			\$ _____
(Due 60 days prior to event) Does not include gratuity.			

OFFICE USE ONLY

DEPOSIT RECEIVED ____ / ____ / ____ CASH/CHECK # _____ AMOUNT \$ _____
 BALANCE RECEIVED ____ / ____ / ____ CASH/CHECK # _____ AMOUNT \$ _____

Employer (PRINT) _____ *A Touch of Class* Representative _____
 Employer Signature _____ Signature _____
 Date ____ / ____ / ____ Date ____ / ____ / ____