

Vital Sounds

Chad Stephens

6218 Shull Rd

Huber Heights, OH 45424

Email: vitalsounds@yahoo.com

(937) 248-6903

The contract dated _____ is for service provided by Vital Sounds. Vital Sounds will provide _____ hours of disk jockey service from _____ (am/pm) to _____ (am/pm) on _____.

The fee is _____ per hour. In the event the party desires to extend the hours, additional time may be purchased at the rate of _____ per hour, subject to my consent.

A \$50.00 deposit is due at the time of this transaction with the balance of \$ _____ due before the date of the performance. Should the party cancel the performance, under any circumstance, the deposit is non-refundable.

This contract is pay or play and non-cancelable within 14 days of the date of performance.

Please sign and return contract.

Please provide your address and phone number in the space provided below.

Event Address: _____

Type of event: _____