

Houston, TX 77007 (713) 863-1619

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| CUSTOMER NAME LAST                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                   | FIRST                                                                                                                                        |                                                                                                                        | JOB SITE                                                                                                                                                                                                 |                                                                                                                                                                | DATE / /                                                                                           |                                                                                                                                            |                                                                                                                                                                          |
| STREET ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                   |                                                                                                                                              |                                                                                                                        | STREET ZIP                                                                                                                                                                                               |                                                                                                                                                                |                                                                                                    |                                                                                                                                            |                                                                                                                                                                          |
| CITY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                   | STATE                                                                                                                                        | CITY                                                                                                                   |                                                                                                                                                                                                          | STATE                                                                                                                                                          | S                                                                                                  | STARTING TIME                                                                                                                              | AM<br>PM                                                                                                                                                                 |
| PHONE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                   | DATE /                                                                                                                                       | 1                                                                                                                      | PHONE                                                                                                                                                                                                    |                                                                                                                                                                | E                                                                                                  | NDING TIME                                                                                                                                 | AM<br>PM                                                                                                                                                                 |
| EMAIL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                   |                                                                                                                                              |                                                                                                                        |                                                                                                                                                                                                          |                                                                                                                                                                |                                                                                                    |                                                                                                                                            |                                                                                                                                                                          |
| Payment terms:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                   |                                                                                                                                              |                                                                                                                        |                                                                                                                                                                                                          |                                                                                                                                                                |                                                                                                    |                                                                                                                                            |                                                                                                                                                                          |
| (Customer Name)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | do hereby hire                                                                                                                                                                                                                    | (DJ Per                                                                                                                                      | rsonality)                                                                                                             | s my Disc Jockey fo                                                                                                                                                                                      | or my(                                                                                                                                                         | Type of e                                                                                          | event)                                                                                                                                     | he package that                                                                                                                                                          |
| choose: Check one                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                   |                                                                                                                                              |                                                                                                                        |                                                                                                                                                                                                          |                                                                                                                                                                |                                                                                                    |                                                                                                                                            |                                                                                                                                                                          |
| ☐ Platinum package 5 hr.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                   | Gold packag                                                                                                                                  | e 4 hr.                                                                                                                |                                                                                                                                                                                                          | Silv                                                                                                                                                           | ver pack                                                                                           | age 3hr.                                                                                                                                   |                                                                                                                                                                          |
| n the amount of \$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | \$75.00 per hour, a                                                                                                                                                                                                               | additional lim                                                                                                                               | it 2 hr overt                                                                                                          | mes due on the date                                                                                                                                                                                      | e of the event,                                                                                                                                                | and may                                                                                            | be made with                                                                                                                               | n the                                                                                                                                                                    |
| aforementioned major credit or cast                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                   |                                                                                                                                              |                                                                                                                        | ow. There is a non-                                                                                                                                                                                      | -refundable ret                                                                                                                                                | tainer fe                                                                                          | e of 50% of                                                                                                                                | the total price                                                                                                                                                          |
| Cancellation:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                   |                                                                                                                                              |                                                                                                                        |                                                                                                                                                                                                          |                                                                                                                                                                |                                                                                                    |                                                                                                                                            |                                                                                                                                                                          |
| This agreement cannot be cancelled the client pay in full and cancel 6 cancel during the event for any reach December 20 Personality client's choice of December 20 Personality client and payable 20 Personality Communication and payable | O days prior to the ev<br>son the full amount is<br>J Personality is offere<br>or the event. If by una                                                                                                                            | ent the total fe<br>s still is due.<br>ed on a first co<br>voidable circu                                                                    | ee is forfeited<br>ome, first ser                                                                                      | I. Any time before 60<br>ved basis. If a speci                                                                                                                                                           | days only ther<br>fic DJ is not se                                                                                                                             | the reta                                                                                           | iner fee is los<br>J Foe Life Mo                                                                                                           | t. And if the clien<br>obile Services wi                                                                                                                                 |
| Provisions: The client shall ensure that:  1) Performance facility provides D.  2) Facility is open at least one hocenses and performance permits;  ontrol will be provided if warrante quipment from adverse weather comply with these provisions. In the nen DJ reserves the right to cease coess to recordings or equipment. It acking. DJ Foe Life Mobile Services ervices event contract and all the incancel my event, my retainer fee weather fee.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | ur prior to scheduled<br>(4) Reasonable steps<br>d; (5) For outdoor p<br>nditions. Client accep<br>event of circumstance<br>performance until such<br>n the unlikely event the<br>holds all appropriate<br>nformation that I prov | start time; (3<br>s will be taker<br>performances,<br>ets full respons<br>es deemed by<br>th time as the<br>in DJ's perform<br>insurances fo | B) Facility ments to protect I shelter is possibility and is DJ to prese client resolvemence is delayer its equipment. | ets all federal and a<br>DJ Foe Life Mobile S<br>rovided that comple<br>liable for any damag<br>nt a real or implied the<br>es the threatening si<br>yed, liability is limited<br>ent. I have read and a | state safety reg<br>Services equipretely cover and<br>ges, injuries or of<br>hreat of injury of<br>tuation. DJ furth<br>d to providing cla<br>agreed to the te | pulations<br>ment, per<br>protects<br>delays the<br>or harm to<br>her reservient with<br>erm and c | and has all a<br>rsonnel, and is<br>DJ Foe Life<br>at occur as a<br>DJ, equipment<br>wes the right to<br>performance to<br>conditions of D | appropriate music<br>music, and crowd<br>e Mobile Services<br>result of failure to<br>ent, or recordings<br>to deny any gues<br>time equal to time<br>DJ Foe Life Mobile |
| cancer my event, my retainer too .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                   | Amount                                                                                                                                       |                                                                                                                        |                                                                                                                                                                                                          |                                                                                                                                                                |                                                                                                    |                                                                                                                                            |                                                                                                                                                                          |
| Package                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | \$                                                                                                                                                                                                                                |                                                                                                                                              |                                                                                                                        |                                                                                                                                                                                                          | * Retainer fe                                                                                                                                                  |                                                                                                    | /Deebes                                                                                                                                    | ۵۱/                                                                                                                                                                      |
| add ons                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                   |                                                                                                                                              |                                                                                                                        |                                                                                                                                                                                                          | (Deposit) 50                                                                                                                                                   | 0%                                                                                                 | (Recive                                                                                                                                    | 3)                                                                                                                                                                       |
| Extra speakers & Amplifier                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | \$ +                                                                                                                                                                                                                              | 5                                                                                                                                            |                                                                                                                        |                                                                                                                                                                                                          | Late (reason                                                                                                                                                   | )                                                                                                  | <u> </u>                                                                                                                                   |                                                                                                                                                                          |
| Light show                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                   |                                                                                                                                              |                                                                                                                        |                                                                                                                                                                                                          |                                                                                                                                                                |                                                                                                    |                                                                                                                                            |                                                                                                                                                                          |
| Extra lighting                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                   |                                                                                                                                              |                                                                                                                        |                                                                                                                                                                                                          | Final total #                                                                                                                                                  | -                                                                                                  | (Balance d                                                                                                                                 | ue)                                                                                                                                                                      |
| Karaoke                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | \$ +                                                                                                                                                                                                                              |                                                                                                                                              |                                                                                                                        |                                                                                                                                                                                                          |                                                                                                                                                                |                                                                                                    |                                                                                                                                            |                                                                                                                                                                          |
| Transportation fee outside Harris                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | \$ +                                                                                                                                                                                                                              |                                                                                                                                              |                                                                                                                        |                                                                                                                                                                                                          |                                                                                                                                                                |                                                                                                    |                                                                                                                                            |                                                                                                                                                                          |
| Facility floor plans upstairs, sharp corner steps etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | \$ +                                                                                                                                                                                                                              |                                                                                                                                              |                                                                                                                        |                                                                                                                                                                                                          |                                                                                                                                                                | # =                                                                                                | (Total paid                                                                                                                                | balance)                                                                                                                                                                 |
| Please mention this to us ahe                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                   |                                                                                                                                              |                                                                                                                        |                                                                                                                                                                                                          |                                                                                                                                                                |                                                                                                    |                                                                                                                                            |                                                                                                                                                                          |
| Other \$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                   |                                                                                                                                              |                                                                                                                        |                                                                                                                                                                                                          |                                                                                                                                                                |                                                                                                    |                                                                                                                                            |                                                                                                                                                                          |
| Total (Tax included)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                   |                                                                                                                                              |                                                                                                                        |                                                                                                                                                                                                          |                                                                                                                                                                |                                                                                                    |                                                                                                                                            |                                                                                                                                                                          |
| lient Signature:#1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                   |                                                                                                                                              |                                                                                                                        |                                                                                                                                                                                                          | Date                                                                                                                                                           | e:                                                                                                 |                                                                                                                                            |                                                                                                                                                                          |
| J Foe Life Mobile Services:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                   |                                                                                                                                              |                                                                                                                        |                                                                                                                                                                                                          |                                                                                                                                                                |                                                                                                    |                                                                                                                                            |                                                                                                                                                                          |
| ow did you hear about DJ Foe Life                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                   |                                                                                                                                              |                                                                                                                        | (Owner)                                                                                                                                                                                                  | antenname.                                                                                                                                                     |                                                                                                    |                                                                                                                                            |                                                                                                                                                                          |
| pay by credit card, please complet                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | e the information bel                                                                                                                                                                                                             | ow:                                                                                                                                          |                                                                                                                        | We V                                                                                                                                                                                                     |                                                                                                                                                                |                                                                                                    |                                                                                                                                            |                                                                                                                                                                          |
| mount: \$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                   |                                                                                                                                              | □ ма                                                                                                                   | asterCard                                                                                                                                                                                                | sa 🔲 Disco                                                                                                                                                     | ver                                                                                                |                                                                                                                                            |                                                                                                                                                                          |
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Ex. Date: \_\_\_

**Customer Deposit Copy** 

Card #: \_\_\_