

DJ Event Contract

Client Name: _____

DJ Name: _____

Event Date: _____

Event Time: _____

Event Location: _____

Services Provided

Payment Details

Total Fee: _____

Deposit Amount: _____

Balance Due On: _____

Payment Method: _____

Terms & Conditions

Cancellation Policy

Signatures

Client Signature: _____

Date: _____

DJ Signature: _____

Date: _____