

Redline ENT.

DJ Tez
816-521-8763
obie1981@hotmail.com
www.djtez.weebly.com
www.redlineent.weebly.com/djservices



Contact Information Name:	Phone:			
Address:	City:	State:	Zip:	
Event Information Type of Event:	Location Name:			
Location Address:		Date of Event:		
Start time:AM/PM End tim	e:AM/PM			
Mgr/Owner Name:	Mgr/Own	er Phone:		
Number of guest:				
Terms and Conditions: This agree (1). Please read, sign, and return to required and must be received cast refundable. (4). Balance(s) must be Please have a six or eight foot tabe the case of an emergency, illness, damages shall not exceed the amount ocked and ready for set up 30 to both parties. (10). Any future modified.	his form with your deposish only by the date given to paid by the date of the element a wall outlet. (6). Do not extenuating circumstation of the under this agreement due under this agreement of the element of the el	t (50%) cash only. (to guarantee service) vent before service of Tez reserves the nces. (7). If this again ment. (8). The even start time. (9). This	e. (3). Deposits are non- e starts by cash only. (5). right to substitute a DJ in reement is breached, it location must be agreement is binding on	
By entering your signature and da above.	te to this contract you are	agreeing to the ter	rms and conditions stated	
Signature:		Date:		
DJ Tez Signature:		Date:		
Account Information				
Service Total\$Pa	aid by: CASH ONLY			
Deposit (50%)\$D	ate:Initia			
Balance\$Date:_	Initial	-		
Signature:		Date:		
DJ Tez Signature:		Date:		