

Customer Information

Name _____

Address _____

Phone 1 _____

Phone 2 _____

Cell Phone _____

Fax number _____

E-Mail Address _____

Date of Event _____

Name and Address of Event _____

D.J. Service Package _____

Lights? Yes No

Total Price Of Package _____

Type of Event _____

Time of Event _____

Number of People Attending _____

Hours of Services Needed From: ___:___ To: ___:___

Total Hours _____

Any Special Requests? _____

I am verifying that all of the information given is correct. If any corrections are to be made, you must give at least one week (7 days) notice in order for change to be recognized.

In signing this form, I am agreeing to pay half now and half prior to services beginning, on date of event.

Sign _____ Date _____

Please check here if you would NOT like your event and or pictures added to our website(www.midwestdjproductions.com). _____