



General Off-Campus Booking

Client's Contact Info:

Client's Name: _____ Email: _____

Phone# _____

Event: _____ Date: _____ Time: _____

Location: _____

DJ(s) Requested: _____

Emcee: YES NO

Music genre(s) Requested: _____

Attire: _____

From Acct#: _____ To Acct#: **29609-5241-XXXX-XXXX**

Every effort will be made to provide the requested DJ. If that DJ is not available for your event, it will be at the discretion of KUIW to send the next available DJ to fulfill this contract. Payment is due either in advance or on the day of the event or on a date agreed upon by the client and the DJ Services Manager personally. If the client cannot make payment the day of, they have 24 hours to make due. If not paid in full on this day, the client will be charged + \$5 a day after this 24 hr period has expired. The DJ has the right to refuse service until payment is made or a payment date has been reached between you, the client and the DJ Services Manager. The client has the right to request a copy of this contract.

\$50/hr with a minimum of **2** hours

I **(we)** _____ are requesting KUIW DJ Services
(Print name and or organization)

for _____ hours at **\$50/hour**

Total: _____

Client's Signature

Date

Received by Theresa Coronado,
General Manager DJ Services
210-283-5042 or 210-283-5044
tcoronad@uiwtx.edu

Date



General On-Campus Booking

Client's Contact Info:

Client's Name: _____ Email: _____

Phone# _____

Event: _____ Date: _____ Time: _____

Location: _____

DJ(s) requested: _____

Emcee: YES NO

Music genre(s) requested: _____

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\$20/hr with a minimum of **2** hours

I(**we**) _____ are requesting KUIW DJ Services
(Print name and or organization)

for _____ hours at **\$20/hour**

Total: _____

Client's Signature

Date

Received by Theresa Coronado,
General Manager DJ Services
210-283-5042 or 210-283-5044
tcoronad@uiwtx.edu

Date



Special Booking for UIW Off Campus

Client's Contact Info:

Client's Name: _____ Email: _____

Phone# _____

Event: _____ Date: _____ Time: _____

Location: _____

DJ(s) requested: _____

Emcee: YES NO

Music genre(s) requested: _____

Attire: _____

From Acct#: _____ To Acct#: **29609-5241-XXXX-XXXX**

Every effort will be made to provide the requested DJ. If that DJ is not available for your event, it will be at the discretion of KUIW to send the next available DJ to fulfill this contract. Payment is due either in advance or on the day of the event or on a date agreed upon by the client and the DJ Services Manager personally. If the client cannot make payment the day of, they have 24 hours to make due. If not paid in full on this day, the client will be charged + \$5 a day after this 24 hr period has expired. The DJ has the right to refuse service until payment is made or a payment date has been reached between you, the client and the DJ Services Manager. The client has the right to request a copy of this contract.

\$35/hr with a minimum of **2** hours

I(**we**) _____ are requesting KUIW DJ Services
(Print name and or organization)

for _____ hours at **\$35/hour**

Total: _____

Client's Signature

Date

Received by Theresa Coronado,
General Manager DJ Services
210-283-5042 or 210-283-5044
tcoronad@uiwtx.edu

Date

