



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: _____

Attire: _____

From Acct#: 10010-8520-9500 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.

\$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 Trey Guinn,
Program Coordinator, Communication Arts
tguinn@uiwtx.edu

Date