

Service Contract

Client/Contact _____

Contact _____

Address/email _____

Type of Service _____

Music Start/End Times /Date _____

- MUSIC MUST START ON TIME. OVERTIME CHARGES WILL BE ADDED FOR ANY SERVICE NOT STARTING WITHIN 15 MINUTES OF WRITTEN CONTRACT TIMES. WEDDINGS ARE ALLOWED APROX. 1 HR.-1 HR 15”
- OVERTIME CHARGES MUST BE PAID AT END OF WEDDING AT SERVICE LOCATION. NO EXCEPTIONS.
- OVERTIME CHARGES ARE PER QUARTER HOUR 100.00

Venue _____

Ensemble Requested _____

Client will provide armless chairs. Due to the fragility of the instruments, outdoor services require adequate shelter from the elements of nature including but not limited to direct sunlight, precipitation, humidity, and extreme temperatures. During the months of June-August there will be an additional charge of 100.00 for outdoor weddings. All outdoor weddings must have outdoor cover or shade. Musicians will make every effort to perform outdoor services as requested by client, however, performance at these services is at the discretion of the musicians. Weddings during December, may also be subject to additional charges.

ANY SUBSTITUTIONS OF PERSONEL MUST BE AUTHORIZED BY LEADER IN ADVANCE, NO EXCEPTIONS.

Ensemble Fee _____ Outdoors_(Y/N)_____

Mileage Fee _____ Special Request (s) _____ Total _____

Please make check(s) payable to William Myers

A 50% deposit is due with signed contact. Balance is due five (14) business days prior to service. Deposit is non-refundable.

Special Music Requests* We have an extensive library, a play list is available upon request. If special selection is requested, there will be an additional charge of 100.00 per selection to pay for an arrangement. REQUESTS UNDER ONE MONTH WILL HAVE

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ADDITIONAL FEES DUE TO TIME CONSTRAINTS AND AVAILABILITY OF AN ARRANGER. ALL SPECIAL REQUEST MUSIC MUST BE PURCHASED BY BRIDE/CONSULTANT AND MAILED TO THE ADDRESS BELOW

ALL DATES ARE FIRST COME/FIRST SERVED UPON RECEIPT OF DEPOSIT
I declare that I have reviewed the above information and that it is correct. I agree to the conditions of this contract.

Client Signature _____ Date _____

Representative William Myers _____ Date _____

Please sign and return one copy of the contract to William Myers at the address below. If you have any questions, please, do not hesitate to call.

William Myers,
(H) 770-926-4161, (C) 770-827-7451
bm31990@yahoo.com

Address provided separately