

Name:

Address:

Phone:

Contact:

Hours:

Appointments:

Date:

Time:

Date:

Time:

Date:

Time:

Date:

Time:

Service:

Number of hours:

Overtime cost:

Provides the following services:

Cost:

Fee: Flat Hourly percentage: _____ Per guest

Total amount due:

Date:

Amount of deposit:

Date:

Amount due:

Date:

Gratuities included?

Yes No

Sales tax included?

Yes No

Date contract signed:

Terms of cancellation:

Notes: