

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: _____
